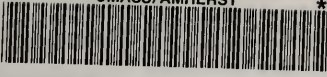


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The Commonwealth of Massachusetts

REPORT OF THE DEPARTMENT OF MENTAL DISEASES, NOVEMBER 30, 1923.

COMMISSIONER.

GEORGE M. KLINE, M.D. Beverly

ASSOCIATE COMMISSIONERS.

JOHN B. TIVNAN Salem
HENRY M. POLLOCK, M.D. Boston
CHARLES G. DEWEY, M.D. Boston
ELMER A. STEVENS Somerville

ASSISTANT COMMISSIONER.

THEODORE A. HOCH, M.D. Belmont

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The Commonwealth of Massachusetts

STATE HOUSE, BOSTON.

To His Excellency the Governor and the Honorable Council.

The undersigned, Commissioner of the Massachusetts Department of Mental Diseases, respectfully submits the ninth annual report of the Department for the year ending November 30, 1928. The matters relating to general statistics, however, cover the year ending September 30.

GEORGE M. KLINE,
Commissioner.

JOHN B. TIVNAN,
HENRY M. POLLOCK,

CHARLES G. DEWEY,
ELMER A. STEVENS,

Associate Commissioners.

REPORT OF THE MASSACHUSETTS DEPARTMENT OF MENTAL DISEASES.

Foreword.

Attention is invited to this Annual Report for the Year 1928, representing, as it does, a rather distinct departure from Annual Reports heretofore issued. During the past three years, the Department has been engaged in the organization and installation of a new statistical system, which for the first time, makes available information previously impossible to obtain. There will be found in this Report a wealth of new information which, it is believed, will be of great value to those interested in psychiatry.

Duties of the Department.

The Department has general supervision of all public and private institutions for the mentally ill, feeble-minded, epileptic and for persons in private hospitals addicted to the intemperate use of narcotics and stimulants. It has the right to make investigations and recommendations as to any matter relating to the classes under care, but the local administration of each State institution, however, is under the control of its own Board of Trustees appointed by the Governor and Council.

The direct powers of the Department concern the inter-relations of institutions and matters which are common to them all, such as the distribution and transfers of patients between them, deportations of patients to other States and Countries, claim to support as state charges in institutions, etc.

The work of construction under special appropriations for new buildings and unusual repairs is under the control of the Department, and also expenditures of money for such purposes. The Department is required to prepare plans for buildings and also to select land to be taken by the Commonwealth for the purposes of any new or existing institutions.

All requirements for maintenance appropriations are also analyzed by the Department.

The statutes relating to the Department of Mental Diseases are to be found in Chapters 19 and 123 of the General Laws, and amendments thereto.

John B. Tivnan was reappointed as Associate Commissioner on September 5, 1928.

Changes in Personnel.

RODERICK B. DEXTER, M.D.

Dr. Roderick B. Dexter, Chief Executive Officer of the Boston Psychopathic Hospital, was appointed Superintendent of the Foxborough State Hospital on October 29, 1928, to fill the vacancy caused by the death of Dr. Albert C. Thomas.

Dr. Dexter began the practice of medicine in the State of Colorado, where he remained for two years. Following this he spent four and one-half years in general practice in Brooklyn, New York, and was Assistant Attendant Surgeon at St. Bartholomew's Clinic, New York, from February 1st to May 22, 1917. On May 23, 1917, he was appointed Assistant Physician at the Boston State Hospital, being promoted to Senior Physician on June 1, 1919, which position he held until December 1, 1922, when he was appointed Assistant Superintendent of the Taunton State Hospital. On September 7, 1926, Dr. Dexter was made Assistant to the Commissioner of this Department, remaining until December 26, 1927, when he was transferred to the position of Chief Executive Officer of the Boston Psychopathic Hospital.

ARTHUR N. BALL, M.D.

Dr. Arthur N. Ball, Assistant to the Commissioner of this Department, was appointed Chief Executive Officer of the Boston Psychopathic Hospital on October 29, 1928, to fill the vacancy caused by the appointment of Dr. Roderick B. Dexter to the superintendency of the Foxborough State Hospital.

Dr. Ball is a native of Massachusetts. He studied at the University of Vermont and was graduated from the University of Pennsylvania in 1911. He then served as House Officer at the Passaic, New Jersey, General Hospital. On October 1, 1912, he entered the service of the Northampton State Hospital as Assistant Physician, from which position he was granted a leave of absence on March 5, 1918, to enter the Medical Corps of the United States Army during the World War, being classed as Lieutenant and assigned to Camp Hancock. He returned to the Northampton State Hospital on July 14, 1919, as Senior Physician, remaining in that position until November 3, 1921, when he was appointed Assistant Superintendent of the Gardner State Colony. On October 14, 1926, he was appointed Assistant to the Commissioner of the Department.

LEWIS B. HILL, M.D.

Dr. Lewis B. Hill, Assistant Superintendent of the Worcester State Hospital, was appointed Assistant to the Commissioner of this Department on September 4, 1928, to fill the vacancy caused by the transfer of Dr. Roderick B. Dexter to the position of Chief Executive Officer at the Boston Psychopathic Hospital.

Dr. Hill is a graduate of the Medical College of Virginia. He entered the State service as Senior Assistant Physician at the Foxborough State Hospital on July 1, 1923. Since November 1, 1924, he has been at the Worcester State Hospital, and was Assistant Superintendent of that hospital at the time he was appointed Assistant to the Commissioner of this Department.

EARL K. HOLT, M.D.

Dr. Earl K. Holt was appointed Assistant to the Commissioner on December 1, 1928. Dr. Holt was born in Columbus, Indiana, in 1889. He attended grammar school and Shortridge High School at Indianapolis and was graduated from the College of Medicine of Indiana University in June, 1914. From 1915-1918, he was Assistant Physician at the Northern Indiana Hospital for the Insane, Logansport, resigning to accept a commission in the U. S. Army Medical Corps, Neuro-Psychiatric Department. He was assigned to duty at Michigan University, Ann Arbor, Michigan, for post-graduate instruction in psychiatry. Subsequently he served in the U. S. Army General Hospital, No. 13, No. 5, and Walter Reed Hospital. From September to March, 1919, he was Chief Occupational Officer in charge of reconstruction department. He was commissioned to the U. S. Public Health Reserve Corps in December, 1919, and was assigned to active duty with the Bureau of

War Risk Insurance, which commission he resigned after the creation of the U. S. Veterans' Bureau. He received an appointment as Chief of the Neuro-Psychiatric Department, U. S. Veterans' Bureau. Dr. Holt was Chairman of the Permanent Rating Committee of the U. S. Veterans' Bureau, which committee was in charge of the preparations of rates and promulgation of rating tables of schedule of disability rates. In 1923 he was made Psychiatrist of the Central Board of Appeals, Veterans' Bureau, Washington. From April, 1924, to November 30, 1928, he served as Assistant Superintendent of the Monson State Hospital, from which position he was appointed as Assistant to the Commissioner of this Department. Dr. Holt is also a member of the Hospitalization Committee, Massachusetts Department of the American Legion, 1928.

DEATH OF DR. ALBERT C. THOMAS.

Whereas, The Department has lost suddenly through death on September 2, 1928, the capable Superintendent of the Foxborough State Hospital, Dr. Albert C. Thomas, Be it

Resolved, That the Commissioners of the Department express their sorrow and sincere regret in the loss of Dr. Thomas and in the ending of a service of fourteen years as Superintendent at Foxborough. Coming to Massachusetts in 1914 from the superintendency of a hospital in Connecticut, he immediately won recognition as an executive. He brought to the work an enthusiasm to place the hospital on a higher plane of efficiency. His practical knowledge of construction was of great value during the period of the hospital's development. The patients have lost a friend. The personal touch in his contact with his associates will be missed.

Resolved, further, that these Resolutions be spread upon the records and a copy thereof sent to the son of Dr. Thomas.

Activities of the Department.

THE METROPOLITAN HOSPITAL.

Ceremonies for the laying of the cornerstone of the new Metropolitan State Hospital were held at the Hospital at Waltham on October 17, 1928. There were present, Governor Alvan T. Fuller, Lieutenant Governor Frank G. Allen, Dr. George M. Kline, Commissioner, the Associate Commissioners, John B. Tivnan, Henry M. Pollock, M.D., Charles G. Dewey, M.D., Elmer A. Stevens, many legislators, public officials, superintendents of hospitals, and other interested persons.

The Governor officiated at the laying of the cornerstone. In his address he reviewed the history of Massachusetts in its care of the mentally ill from the time the first State appropriation was authorized almost one hundred years ago. He contrasted the present method of care with the treatment in the early days when the insane were confined in almshouses and jails under restraint. The Governor spoke of the work accomplished through the efforts of Dorothea Lynde Dix, who awakened the public to the need of practical reform in public provision for the mentally ill by the presentation of her memorial on this subject to the State Legislature. He stated that the present Massachusetts investment in land and buildings for the mentally ill, feeble-minded and epileptic was approximately \$27,000,000, and that there were about 23,000 patients under care, of which number 4,000 were feeble-minded.

The Governor spoke in merited praise of the men through whose efforts during the past thirty years so much has been accomplished, mentioning specifically Dr. George F. Jelly, Chairman of the First Board of Insanity, Dr. Owen Copp, Executive Officer and Secretary, and Dr. Herbert B. Howard, who succeeded Dr. Jelly as Chairman. He referred to Dr. M. J. O'Meara, Chairman of the Reorganized Board of Insanity, Dr. L. Vernon Briggs, Secretary, and Mr. Charles E. Ward, Treasurer.

He spoke particularly of the accomplishments under the present Commissioner of Mental Diseases and the Associate Commissioners. His remarks included specific reference to the establishment of social service, the opening of a division

for mental hygiene with clinics for children of pre-school age, establishing a division for feeble-minded, community supervision of the feeble-minded, the division for the psychiatric examination of prisoners, the opening of a printing plant at Gardner, the appointment of a farm supervisor and also an engineer, uniformity in rules and regulations, the adoption of a ration allowance, uniform standardization in personnel, the completed Belchertown State School, and the planning and construction of the Metropolitan State Hospital. He stated that it was largely due to the Commissioner's efforts in reaching out into the community that the hospital has become a training center.

Dr. Kline stated that the Commissioners had looked forward to the time when the Metropolitan District would be adequately served. He paid tribute to the Governor and the Legislature for recognizing its need and making provisions for the establishment of this most modern hospital. During Governor Fuller's term of office, the Commissioner said, there had been thorough insight and definite recognition of the need of provision for the mentally ill and allied classes; that the Governor in his annual messages to the legislature had called attention to the need of supporting the policies established for the prevention of mental diseases, and also had recommended that the high standard of treatment accorded patients should be maintained and improved.

MENTAL CONDITION OF PERSONS COMING BEFORE THE COURTS.

In order to determine the mental condition of any person coming before any court of the Commonwealth the judge may at his discretion request the Department to assign a member of the medical staff of a State hospital to make such examination as he may deem necessary. This is in accordance with the provisions of Section 99, Chapter 123, General Laws. Requests for examinations under this section for the past three years have been as follows: 1926 — 12; 1927 — 13; 1928 — 18.

Under the provisions of Section 100A of Chapter 123 of the General Laws, as amended by Chapter 59 of the Acts of 1927, the clerk of the court is required to give notice to the Department of persons held under indictment by the Grand Jury for a capital offense or wherever a person who is known to have been indicted for any other offense more than once or to have been previously convicted of a felony is indicted by a Grand Jury and bound over to trial in the Superior Court. This provision of law is known as the "Briggs Law," inasmuch as Dr. L. Vernon Briggs was the author of this bill. Each year shows an increase in cases reported under this section. The figures for the last three years have been as follows:

YEAR.	Number Reported.	Number Examined.
1926	110	74
1927	177	121
1928	226	172

Since 1921, when this law became effective, there have been 795 cases reported, and of this number 603 persons have been examined.

INVESTIGATION BY SUPPORT DIVISION.

In order to make a comparison of the amounts received for support of patients in Massachusetts State Institutions under this Department with similar groups of patients in other States, the Division of Settlement and Support some time ago addressed a communication to certain representative States. As a result of the inquiry, information was received which showed that the yearly per capita collection for support in Massachusetts was six dollars more than the amount received for support in any of the other localities.

The Division of Settlement and Support some time ago made a resurvey of admissions of patients to the Danvers State Hospital from January 1, 1916, to January 1, 1917, who were remaining as patients in any of our State hospitals for the insane on January 1, 1927. This study was undertaken in an endeavor to collect any additional amounts for support, if there were any available, or to ascertain if financial conditions had changed from the time these patients were first received at the hospital.

As a result of this survey three patients were made reimbursing. One examiner spent approximately eleven weeks in going over these records. At the time of admission twenty-two cases were investigated for support with the result that five at that time were made reimbursing. The remainder were not investigated because, in the opinion of the Division, facts did not warrant it.

In view of the results obtained, the Support Division did not feel that the time, effort and money spent had been justified.

VISITORS.

During the year numerous guests from other states and countries visited the Department and institutions thereunder, to observe the work being carried on in the care and treatment of the mentally ill and mentally defective in this State.

OFFICIAL VISITS TO OTHER STATES AND COUNTRIES.

Dr. George M. Kline, Commissioner, and Dr. George L. Wallace, Superintendent of the Wrentham State School, were invited to attend the Congress of French-Canadian Physicians of North America, held in Quebec, Canada, on September 9th, at which they presented papers. They also attended the opening of Lajemmerais School for the Mentally Defective, Quebec.

In March, Dr. Wallace was sent to California by The National Committee for Mental Hygiene for a conference with the Governor regarding a Mental Hygiene program for that State.

In June, at the request of the Governor of the State of Mississippi, Dr. Wallace visited Mississippi to advise regarding the reconstruction of their Feeble-Minded Colony.

General Matters.

RECOMMENDATIONS FOR LEGISLATION.

(1) *To amend section 79 of chapter 123 of the general laws, which provides for the temporary care of patients.* — This amendment is desired to provide . . . for the sheriff or deputy sheriff to make request for the admission of patients. . . .

(2) *To amend section 77 of chapter 123 of the general laws, which provides for the reception of patients for observation for thirty-five days.* — This amendment is desired to allow hospitals established and maintained by the United States Government and licensed under section 34A of chapter 123 of the general laws to receive patients for observation.

(3) *To amend section 102 of chapter 123 of the general laws, which provides for the examination of insane prisoners.* — This amendment is desired to enlarge the application of the section to include cases for observation.

(4) *To amend sections 103 and 104 of chapter 123 of the general laws which provide for the commitment of insane prisoners.* — This amendment is desired to enlarge the applications of the sections to include cases for observation.

(5) *To amend section 105 of chapter 123 of the general laws, which provides for the return of the patient to a penal institution when restored to sanity.* — This amendment is desired to provide for the return of prisoners who are in such mental condition that they should be returned to the penal institution instead of using the words "restored to sanity."

(6) *To amend section 100A of chapter 123 of the general laws.* — This amendment is desired to make accessible to probation officers certain reports relative to the mental condition of certain prisoners held for trial.

NEW LEGISLATION.

Chapter 333. — An Act relative to Commitment of Defective Delinquents and Drug Addicts.

Chapter one hundred and twenty-three of the General Laws, as amended in section one hundred and thirteen by section one of chapter two hundred and seventy of the acts of nineteen hundred and twenty-one and by section seven of chapter

five hundred and thirty-five of the acts of nineteen hundred and twenty-two, is hereby further amended by striking out said section one hundred and thirteen and inserting in place thereof the following: — *Section 113.* At any time prior to the final disposition of a case in which the court might commit an offender to the state prison, the reformatory for women, any jail or house of correction, the Massachusetts reformatory, the state farm, the industrial school for boys, the industrial school for girls, the Lyman school, any county training school, or to the custody of the department of public welfare, for any offence not punishable by death or imprisonment for life, a district attorney, probation officer or officer of the department of correction, public welfare or mental diseases may file in court an application for the commitment of the defendant in such a case to a department for defective delinquents established under sections one hundred and seventeen and one hundred and twenty-four, or to a department for the care and treatment of drug addicts, established by the governor and council under authority of said sections. On the filing of such an application the court may continue the original case from time to time to await disposition thereof. If, on a hearing on an application for commitment as a defective delinquent, the court finds the defendant to be mentally defective and, after examination into his record, character and personality, that he has shown himself to be an habitual delinquent or shows tendencies towards becoming such and that such delinquency is or may become a menace to the public, and that he is not a proper subject for the schools for the feeble-minded or for commitment as an insane person, the court shall make and record a finding to the effect that the defendant is a defective delinquent and may commit him to such a department for defective delinquents according to his age and sex, as hereinafter provided. If, on a hearing on an application for commitment as a drug addict, it appears that the defendant is addicted to the intemperate use of stimulants or narcotics, the court may commit him to a department for the care and treatment of drug addicts if and when such a department is provided. (*Approved May 18, 1928.*)

Chapter 338. — An Act enlarging the Purposes for which the Department of Mental Diseases may accept Gifts in Trust.

Whereas, The deferred operation of this act would tend to defeat its purpose, therefore it is hereby declared to be an emergency law, necessary for the immediate preservation of the public health and convenience.

Section six of chapter one hundred and twenty-three of the General Laws is hereby amended by adding at the end thereof the following: —, or, if the acceptance of such trust is approved by the governor and council, for expenditure upon any work which the department is authorized to undertake, — so as to read as follows: — *Section 6.* The department shall be a corporation for the purpose of taking, holding and administering in trust for the commonwealth any grant, devise, gift or bequest made either to the commonwealth or to it, for the use of persons under its control in any state hospital, or, if the acceptance of such trust is approved by the governor and council, for expenditure upon any work which the department is authorized to undertake. (*Approved May 25, 1928.*)

Chapter 155, Acts 1928.

SECTION 54. Section three of chapter one hundred and twenty-three of the General Laws is hereby amended by striking out, in the twelfth line, the words "overseers of the poor" and inserting in place thereof the words: — boards of public welfare, — and by striking out, in the thirteenth line, the word "paupers" and inserting in place thereof the words: — persons in need, — so as to read as follows: — *Section 3.* The department shall have general supervision of all public and private institutions for insane, feeble minded or epileptic persons, or for persons addicted to the intemperate use of narcotics or stimulants, and shall have charge of all such persons the care of whom is vested in the commonwealth by law, and supervision of all other persons received into any of said institutions. It shall supervise and control any institution placed under it by the governor with the advice and consent of the council, and when so directed by the governor it shall

assume and exercise the powers of the trustees of any state hospital in any matter relative to the conduct or management thereof. It shall have the same powers relative to state charges in institutions under its supervision, and to their property, as is vested in towns and boards of public welfare in the matter of the support and relief of persons in need.

The following laws were also passed:

Chapter 172, Acts of 1928 — An act relative to the water supply of the Westborough State Hospital.

Chapter 309, Acts of 1928 — An act authorizing the commissioner of mental diseases to permit the Northampton Electric Lighting Company to construct an electric power line across certain property of the Northampton State Hospital.

Miscellaneous.

UNITED STATES VETERANS' HOSPITAL No. 107.

The United States Veterans' hospital at Bedford was officially opened in August, 1928, before a representative group of people. The hospital is modern and up to date in its equipment. The location in Bedford is a fortunate one and easily accessible, being only fifteen miles from Boston. This hospital was formerly located in West Roxbury. There were present in the house at the close of the year over three hundred patients. In Massachusetts there are now two United States Veterans' hospitals, the one at Northampton having been opened in 1924.

LICENSING OF NEW INSTITUTIONS.

A license was issued to Edgar O. Crossman, M.D., at the close of the year 1927, to conduct the United States Veterans' hospital at West Roxbury. This license was issued after the end of the statistical year, on September 30. In August, 1928, the hospital was removed to a new location in Bedford. A new license to conduct the hospital at Bedford was issued to William M. Dobson, M.D.

George Gore Kelly, M.D., received a license to conduct a hospital known as the Reeves Nervine at Melrose. The license of Dr. Kelly was relinquished after a brief period and a new one was issued to Fred B. Jewett, M.D.

A license was issued to Mrs. Bernice G. McPhee of Newton Lower Falls and one was also given to Miss Edith G. Clark also of Newton, to conduct schools for the feeble-minded.

The Reports of the various Divisions and Committees of this Department follow in order.

GEORGE M. KLINE, *Commissioner*.

REPORT OF COMMITTEE OF TRAINING SCHOOLS FOR NURSES.

To the Commissioner of the Department of Mental Diseases:

The Committee on Training School for Nurses respectfully submits the following report for the year 1928:

The training schools for nurses were in operation during the year at Danvers, Medfield, Grafton, Monson, Northampton, Taunton, Westborough and Worcester State Hospitals.

Twenty-two nurses were graduated in June. The difficulty in obtaining girls with suitable qualifications for the course continues. Many find the work too difficult to perform satisfactorily with the other routine hospital work. All possible effort, however, is being made to obtain pupil nurses and the classes, though small, continue to hold their enthusiasm.

A meeting of the Committee was held at the Taunton State Hospital, this meeting being attended by the superintendents of nurses of the eight training schools. There was further discussion relative to changing the curriculum so as to include briefer courses for the attendants; also no definite recommendations were made at this time.

At the Worcester State Hospital and the Psychopathic Hospital, three months' course in psychiatry and care of mental cases have been given to students of general hospitals. These courses appear to have been a success both from the viewpoint of the State and General hospitals involved. Similar courses are planned for the coming year at other State hospitals, and it is hoped by the Committee to expand the affiliation work in the near future.

Respectfully submitted,

ELISHA H. COHOON, *Chairman*.
WILLIAM A. BRYAN.

RALPH M. CHAMBERS.
ARTHUR N. BALL, *Secretary*.

REPORT OF THE FINANCIAL DIVISION.

(Including Financial Statistics for the year ended Nov. 30, 1928, Tables 1-11, inclusive, immediately following this report.)

To the Commissioner of Mental Diseases:

I herewith submit my report of the activities of the Financial Division for the fiscal year ending November 30, 1928. This report has embodied in it the finances of the Department and the institutions under its financial control, the report of the Department Engineer, the report of the Department Farm Supervisor and various tables dealing with these activities.

The Legislature of this year, for the first time upon the request of the Department, granted to it an appropriation which will enable the Department to start a training school for stewards for the purpose of making available experienced replacements to fill vacancies occurring in the position of steward at the various institutions under the Department. The student will be taken first into the office of the Business Agent for a number of weeks and made acquainted with the activities of the Division, particularly in its dealings with the individual institution. When it is thought that he has become thoroughly conversant with the procedure of the Division he will be placed for periods of one or two months each in various institutions in order to become familiar with the particular duties and responsibilities of the steward. He will substitute, when occasion arises, for vacations of stewards, storekeepers and assistant storekeepers. Thus when a vacancy occurs, either by resignation, retirement or the opening of a new institution, a man thoroughly trained becomes available. Under this authority there are now in training two men, one having been appointed May 15 and the second, September first.

In Table 1 are brought together in consolidated form expenditures from appropriations controlled by the Department, having to do with the care of patients in hospitals for mental diseases (including epilepsy) and schools for mental defectives.

The expenditures of the Department itself, given in Table 2, amount to \$240,399.72, an increase of \$5,853.20 over that of the previous year. The increase appears in the item of "Personal Services."

Table 3 shows the amount appropriated by the Legislature for the fiscal year and the balance available from the previous year (which represents liabilities filed of indebtedness incurred prior to the close of the previous fiscal year, namely November 30, 1927). These two amounts represent the total appropriation available for the current year. Next is the gross expense, then comes the receipts which are for sales only. The receipts for board of patients are shown on Table 8. They are not deducted to arrive at the net expense and net weekly per capita cost. Next is shown the net expense arrived at by deducting receipts from the gross expenses and then with the daily average number of patients the weekly per capita cost is obtained. The weekly per capita cost average for the twelve mental hospitals is \$7.26; that for the schools for mental defectives is \$7.13, with an average of \$7.23 for the fifteen institutions whose appropriations are supervised by the Department. Comparing the previous fiscal year ending November 30, 1927, we find that the average per capita cost for the twelve mental hospitals was \$7.22, or 4 cents less than for the fiscal year 1928. For the schools for mental defectives for the fiscal year 1927, the average per capita cost was \$7.19, or 6 cents more than the average per capita cost for the fiscal year 1928. Taking the

total of the fifteen institutions for 1927, the average per capita cost was \$7.218, as compared with the average per capita cost for 1928 of \$7.23, or \$.012 less than the average for the year 1928. As the net weekly per capita cost for the Boston Psychopathic Hospital is exceptional, compared with that of the other institutions, the average weekly per capita cost for the eleven mental hospitals, when re-computed without the Boston Psychopathic Hospital, for 1928 is \$7.04, and the average weekly per capita cost for the fourteen institutions, computed without Boston Psychopathic Hospital, is \$7.07.

Table 4 gives in detail the expenses and weekly per capita costs as grouped according to the adopted standard of analysis of maintenance expenses of all classes of institutions in the Commonwealth. To instruct institutions into what groups items were to be placed there was issued by the Financial Division of this Department in 1922 a book entitled, "Standard for Analyzing Maintenance Expenses." This book has since been adopted by all Departments in this Commonwealth having institutions under their supervision. Thus it can be seen that the analysis of expenditures is standard in all institutions and in no case left to the interpretation of the personnel of the individual institution.

The average weekly per capita cost for personnel for 1927 was \$3.54 and for 1928, \$3.60, an advance of \$.06 over 1927. This detail will be noted in Table 5 and is principally due to increases in medical and ward service groups.

The rotation of persons employed for the year 1928 shows a slight increase over 1927 under Ward Service in mental hospitals, while the total of all departments shows a slight decrease in both hospitals for mental diseases and schools for mental defectives. (Table 6.)

Appropriations for construction, permanent betterments, real estate and furnishings, unlike that for maintenance and operation, are made for two years, beginning with the passage of the Act dealing with special appropriations by the Legislature. In Table 7 are shown all of the appropriations of this nature active during this fiscal year. This table is a departure from those published in previous years, inasmuch as it deals with indebtedness incurred and balances available rather than with actual cash payments and cash balances. If cash payments and cash balances are desired they can be obtained by referring to the report of the Comptroller of the Commonwealth. The purpose of this departure is that the table more clearly represents the actual condition of the appropriation in that it shows the true balance available for additional expenditures. It is felt that the information given in this table will meet with the approval of those desirous of following the progress of any of the activities therein listed.

Receipts during the year from paying patients, collected by the institutions under the direction of the Division of Legal Settlement and Support Claims, amounted to \$991,462.74, an increase from the receipts of 1927 of \$15,089.27. The per capita amount received in 1928, based on average daily patient population, was \$47.11. The receipts from paying patients were 12.49% of the total cost of maintenance. (Table 8.)

Section 27, Chapter 123 of the General Laws reads as follows:

"The trustees of each state hospital shall be a corporation for the purpose of taking and holding, by them and their successors, in trust for the commonwealth, any grant or devise of land, and any gift or bequest of money or other personal property, made for the use of the state hospital of which they are trustees, and for the purpose of preserving and investing the proceeds thereof in notes or bonds secured by good and sufficient mortgages or other securities, with all the powers necessary to carry said purposes into effect. They may expend any unrestricted gift or bequest, or part thereof, in the erection or alteration of buildings on land belonging to the state hospital, subject to the approval of the department, but all such buildings shall belong to the state hospital and be managed as a part thereof."

Under this section hospitals as shown in Table 9 have received gifts which have been deposited as funds, the proceeds of which have been used for the benefit of the patients in accordance with the terms or restrictions placed thereon by the

donor. This Department and the management of the institutions encourage gifts made under this law and from them special benefit is derived by the patients along lines or in a way not always possible from the funds of the Commonwealth.

The Printing Plant at the Gardner State Colony, while being an activity of small outlay, has given the Department the opportunity to meet its printing needs and at the same time to train patients in a valuable form of occupational therapy. There were printed 99,250 letter heads, 24,500 envelopes, 33,000 Christmas folders and envelopes, 1,009 bound reports, together with medical and other forms of 278 varieties, totaling 2,400,380 pieces of printing. This all was done at an expense of \$7,046.76.

The reports of the Department Engineer and the Department Farm Supervisor are appended.

REPORT OF THE DEPARTMENT ENGINEER.

The construction of the new Metropolitan State Hospital was started just before the beginning of this fiscal year by the awarding of contracts for the administration building, nurses' home and three continued-treatment buildings. Actual construction was commenced on the administration building in December. This was followed by the nurses' home and later in the spring by the continued-treatment buildings. The latter buildings were delayed by the excessive amount of rock encountered in the excavation which was under another contract. With the progress attained after starting it was apparent that these buildings would be ready for occupancy in 1929. Contracts were also awarded for road construction, water supply, an electric transmission line and drainage work.

The water supply for this institution is obtained from a 60-inch main of the Metropolitan system through a connection on Waverley Oaks Road near the Walter E. Fernald State School. A pumping station was built in connection with the power house of the Walter E. Fernald State School and electrically-driven duplicate centrifugal units installed with an auxiliary gasoline unit for emergency. Water is pumped by means of a 12-inch force main to a steel standpipe of 1,250,000 gallons capacity, located on the Metropolitan State Hospital property, from which it supplies both the hospital and the school with water at a pressure sufficient to throw a stream over any building at the hospital and, of course, much more at the school, which is at a lower elevation.

Electricity for the hospital is purchased from the Edison Electric Illuminating Company and is taken from their line on Waverley Oaks Road. A transformer station is located at the pumping station and a transmission line of steel poles runs from this point to the boiler house of the Metropolitan State Hospital. The pumps are also operated from this line.

In September contracts were placed for five more continued-treatment buildings and the boiler house. The continued-treatment buildings were duplicates of those already under construction and complete the patients' buildings in this group. Plans are going forward for the kitchen and dining-room building, laundry building and connecting tunnels, and contracts will be placed for these in 1929. With their completion the hospital will be ready to accept patients.

At the other institutions inspection and supervision was carried out as in the past. Several new buildings were erected. A nurses' home was started at the Danvers State Hospital. Old elevators at that institution were replaced also with modern electric machines.

The renovation of the rear center at the Taunton State Hospital was continued with the awarding of contracts for the construction of a new kitchen in the space formerly occupied by the stores. The new storehouse was put into operation.

At the Monson State Hospital a children's building for 100 patients, and an attendants' home were started late in the year.

Additional beds and school facilities were provided in the group for the feeble-minded by the construction of an employees' cottage, a girls' dormitory for 105 patients, and a schoolhouse at Belchertown State School, the addition of two schoolrooms at the Walter E. Fernald State School, and a nursery building for 50 patients and a contagious building for 10 patients at the Wrentham State School.

REPORT OF THE DEPARTMENT FARM SUPERVISOR.

During the year 145 inspections of the fourteen institution farms were made — an average of over ten visits to each institution.

An analysis of the year's business of the fourteen farms shows a total net profit of \$170,270.85, which is a decrease of \$36,997.89 from the total net profit for 1927. This decrease is due principally to the bad weather conditions during the cropping season, which lessened production and at the same time entailed greater cost, thus bringing about decrease in inventories on November 30, 1928. In spite of the bad season, each institution has shown a net profit. In other words, they have all shown a labor income for farming operations.

The value of farm products consumed by the institutions amounts to \$722,568.20 (Tables 10 and 11). The Department Farm Supervisor has been active in acquainting the managements of the various institutions with information covering the operation of canning plants.

The average number of cows for 1928 is 775.64, with an average milk production of 11,320.29 pounds of milk per cow. Yearly milk production shows an increase of 85.57 pounds per cow over milk production for 1927. For the eleventh consecutive year an increase in milk production per cow has been noted. Of 769 cows on November 30, 1928, there were 199 cows which had produced during the year over 12,000 pounds of milk per cow, or 2,689,000 pounds of milk for the group, together with 90,127.93 pounds of butter fat. On November 30, 1927, there were 494 heifers at the institutions and on November 30, 1928, there were 529 heifers, or an increase of 35. These heifers are mainly from the high producing cows and should prove a valuable addition to the herds. There have been seven excellent bull calves purchased for herd sires.

Swine herds have been improved materially by the importation of new blood in 1927. The Ton Litter Contest, started in 1926, continued in 1927, was carried out again this year. The winning institution had a litter of pigs weighing 3,176.5 pounds in 180 days, which is believed to be a record for the New England states.

Some of the institutions have not sufficient storage for winter vegetables. If efforts to increase production for winter consumption to a point where the institutions will practically raise all of the vegetables required both for summer and winter use are to continue, construction of proper and adequate facilities must be given serious consideration.

Respectfully submitted,

WARREN A. MERRILL, *Business Agent.*

Financial Statistics for the Year ended November 30, 1928.

TABLE 1. — *Total Expenditures of Department and Institutions.*

DEPARTMENT AND INSTITUTIONS.	Personal Services.	Maintenance and Operation (Net). ¹	New Construction, Permanent Betterments, Real Estate and Furnishings.	Total.
Department of Mental Diseases	\$175,942 98	\$64,456 74	—	\$240,399 72
Hospitals for Mental Diseases: —				
Boston Psychopathic Hospital	154,213 61	68,812 66	\$198 21	223,224 48
Boston State Hospital	404,513 03	301,483 79	—	705,996 82
Danvers State Hospital	320,897 77	193,148 44	69,259 15	583,305 36
Foxborough State Hospital	193,344 27	143,232 85	24,140 61	360,717 73
Gardner State Colony	196,967 81	175,957 05	33,439 65	406,364 51
Grafton State Hospital	277,660 47	249,900 34	5,912 93	533,473 74
Medfield State Hospital	309,035 86	255,900 69	22,939 37	587,875 92
Northampton State Hospital	214,222 64	110,520 68	229,002 68	553,746 00
Taunton State Hospital	285,068 53	193,301 43	59,734 85	538,104 81
Westborough State Hospital	271,138 39	123,063 59	12,261 90	406,463 88
Worcester State Hospital	411,614 45	291,752 87	24,392 43	727,759 75
Metropolitan State Hospital ²	—	—	1,003,155 16	1,003,155 16
Monson State Hospital (epileptic)	225,879 01	179,443 10	406 20	405,728 31
Total	\$3,440,498 82	\$2,350,974 23	\$1,484,843 14	\$7,276,316 19
Schools for Mental Defectives: —				
Belchertown State School	\$168,229 47	\$167,779 61	\$138,142 35	\$474,151 43
Walter E. Fernald State School	300,077 65	268,491 53	77,973 36	646,542 54
Wrentham State School	216,949 82	244,152 14	26,531 01	487,632 97
Total	\$685,256 94	\$680,423 28	\$242,646 72	\$1,608,326 94
Grand Total	\$4,125,755 76	\$3,031,397 51	\$1,727,489 86	\$8,884,643 13

¹ Less sales.² Under construction.TABLE 2. — *Departmental Receipts and Expenditures.**Expenditures.*

	APPROPRIATIONS.			Expenditures (Net).	Balance.
	Appropriation, 1928.	Brought Forward from 1927 Appropriation.	Total Available.		
Personal Services	\$109,300 00	—	\$109,300 00	\$104,126 67	\$5,173 33
Expenses	17,500 00	\$1,075 49	18,575 49	17,200 81	1,374 68
Transportation and Medical Examination	14,000 00	—	14,000 00	11,204 63	2,795 37
Persons Boarded in Family Care	5,000 00	—	5,000 00	4,906 27	93 73
Persons Boarded in Hospital Cottages	17,900 00	—	17,900 00	16,260 52	1,639 48
Investigation of Mental Diseases and Defects	27,500 00	2,694 45	30,194 45	26,203 41	3,991 04
Psychiatric Examination of Prisoners	65,000 00	23 14	65,023 14	60,497 41	4,525 73
Total	\$256,200 00	\$3,793 08	\$259,993 08	\$240,399 72	\$19,593 36

Receipts.

Payable to State Treasurer: —	
For support of patients in Family	\$209 10
For support of patients in Hospital Cottages	105 81
Licenses	1,050 00
Interest	260 66
Total	\$1,625 57

TABLE 3. — *Appropriation and Expenses for Maintenance and Operation and Weekly Per Capita Cost — By Institutions.*

[For detail of Net Expenses and Net Per Capita Costs see Table 4.]

INSTITUTIONS.	Amount Appropriated for 1928.	Balance from 1927.	Total Appropriation.	Gross Expenses.	Receipts. ¹	Net Expenses.	Daily Average Number of Patients.	Net Weekly per Capita Cost.
Hospitals for Mental Diseases:								
Boston Psychopathic Hospital	\$245,090 00	\$3,489 60	\$248,579 60	\$239,299 00	\$234 00	\$239,065 09	87 93	\$51 99
Boston State Hospital	\$51,370 00	25,773 10	\$77,143 10	\$22,638 90	\$77 85	\$21,661 05	2,215 30	7 00
Danvers State Hospital	682,290 00	21,533 75	703,823 75	674,940 13	3,039 97	671,900 66	1,892 40	6 79
Foxborough State Hospital	394,770 00	4,541 00	399,311 00	391,434 48	2,626 92	388,807 56	920 30	8 08
Gardner State Colony	421,350 00	2,741 75	424,091 75	409,494 80	4,852 36	404,642 44	1,137 21	6 81
Grafton State Hospital	572,595 00	2,958 23	575,553 23	552,905 96	4,228 62	548,677 34	1,545 57	6 80
Medfield State Hospital	636,900 00	8,301 81	645,201 81	616,201 53	2,912 80	613,288 73	1,789 59	6 55
Northampton State Hospital	452,240 00	6,914 35	459,154 35	441,690 56	1,079 77	440,520 79	1,269 09	6 64
Taunton State Hospital	575,170 00	7,242 16	582,412 16	562,749 24	1,105 37	561,643 87	1,479 26	7 26
Westborough State Hospital	586,800 00	1,298 71	588,098 71	573,751 40	4,715 13	569,036 27	1,399 60	7 78
Worcester State Hospital	825,120 00	13,983 94	839,103 94	820,840 26	1,963 49	818,876 77	2,248 32	6 97
Monson State Hospital (epileptic)	451,080 00	1,460 93	452,540 93	440,926 29	2,893 15	438,033 14	1,215 22	6 89
Total	\$6,694,775 00	\$100,239 33	\$6,795,014 33	\$6,546,782 64	\$30,628 93	\$6,516,153 71	17,229 78	\$7 28
Schools for Mental Defectives:								
Belchertown State School	\$349,410 00	\$329 95	\$349,739 95	\$345,972 11	\$1,649 42	\$344,322 69	821 19	\$8 02
Walter E. Fernald State School	626,330 00	4,421 40	630,751 40	606,737 62	3,698 16	603,039 46	1,627 37	7 09
Wrentham State School	486,580 00	1,124 65	487,704 65	479,170 79	3,077 06	476,093 73	1,369 34	6 65
Total	\$1,462,320 00	\$5,876 00	\$1,468,196 00	\$1,431,880 52	\$8,424 64	\$1,423,455 88	3,817 90	\$7 13
Grand Total	\$8,157,095 00	\$106,115 33	\$8,263,210 33	\$7,978,663 16	\$39,053 57	\$7,939,609 59	21,047 68	\$7 25

¹ Receipts from sales only.

TABLE 4. — *Net Expenses for Maintenance and Operation, and Per Capita Costs grouped according to the Massachusetts Standard of Analysis of Maintenance Expenses — By Institution.*

INSTITUTIONS.	PERSONAL SERVICES.		RELIGIOUS INSTRUCTION.		TRAVEL, TRANSPORTATION AND OFFICE EXPENSES.		FOOD.	
	Net Expenses.	Net Weekly Per Capita Cost.	Net Expenses.	Net Weekly Per Capita Cost.	Net Expenses.	Net Weekly Per Capita Cost.	Net Expenses.	Net Weekly Per Capita Cost.
Hospitals for Mental Diseases:								
Boston Psychopathic Hospital	\$154,213 61	\$33 54	\$1,040 00	\$0 23	\$5,736 82	\$1 25	\$34,590 23	\$7 52
Boston State Hospital	404,513 03	3 45	2,080 00	02	6,569 09	06	186,633 80	1 59
Danvers State Hospital	320,897 77	3 24	2,042 90	02	5,708 08	06	125,283 86	1 27
Foxborough State Hospital	193,344 27	4 02	1,524 46	03	4,463 12	11	56,707 93	1 18
Gardner State Colony	196,967 81	3 31	1,316 00	02	4,070 64	07	57,608 65	1 97
Grifford State Hospital	277,660 47	3 44	1,416 00	02	3,417 38	04	91,689 51	1 13
Medfield State Hospital	309,035 86	3 30	2,070 00	02	4,896 26	05	121,215 31	1 30
Northampton State Hospital	214,222 64	3 23	1,220 00	02	5,608 27	08	89,880 04	1 35
Taunton State Hospital	285,068 53	3 69	1,790 00	02	6,188 74	08	103,759 33	1 34
Westborough State Hospital	271,138 39	3 71	1,342 00	02	6,521 29	09	103,098 08	1 42
Worcester State Hospital	411,614 45	3 50	2,665 00	02	9,872 76	08	161,139 53	1 37
Monson State Hospital (epileptic)	225,879 01	3 55	1,535 92	02	4,894 63	08	74,360 95	1 17
Total	\$3,264,555 84	\$3 62	\$20,042 28	\$0 02	\$68,947 08	\$0 08	\$1,206,570 12	\$1 34
Schools for Mental Defectives:								
Belchertown State School	\$168,229 47	\$3 92	\$1,370 00	\$0 03	\$5,474 04	\$0 13	\$50,039 08	\$1 17
Walter E. Fernald State School	300,077 65	3 53	2,560 00	03	7,625 39	09	99,161 70	1 17
Wrentham State School	216,949 82	3 03	1,745 00	02	6,582 33	09	87,487 89	1 22
Total	\$685,256 94	\$3 43	\$5,675 00	\$0 03	\$19,682 36	\$0 10	\$236,689 27	\$1 19
Grand Total	\$3,949,812 78	\$3 59	\$25,717 28	\$0 02	\$88,629 44	\$0 08	\$1,443,259 39	\$1 31

TABLE 4. — *Net Expenses for Maintenance and Operation, and Per Capita Costs grouped according to the Massachusetts Standard of Analysis of Maintenance Expenses — By Institution — Continued.*

INSTITUTIONS.	CLOTHING AND MATERIALS.		FURNISHINGS AND HOUSEHOLD SUPPLIES.		MEDICAL AND GENERAL CARE.		HEAT, LIGHT AND POWER.	
	Net Expenses.	Net Weekly Per Capita Cost.	Net Expenses.	Net Weekly Per Capita Cost.	Net Expenses.	Net Weekly Per Capita Cost.	Net Expenses.	Net Weekly Per Capita Cost.
Hospitals for Mental Diseases:								
Boston Psychopathic Hospital	\$1,182 57	\$0 26	\$4,501 03	\$1 02	\$17,309 44	\$3 78	\$11,089 21	\$2 61
Danvers State Hospital	30,256 18	26	42,399 44	36	28,358 73	24	63,066 96	54
Foxborough State Hospital	21,988 38	22	37,437 60	38	28,556 32	29	53,040 93	54
Gardner State Hospital	13,880 77	29	19,816 09	41	15,040 33	31	39,112 78	81
Grafton State Hospital	15,004 48	25	18,048 36	30	17,995 66	30	33,221 39	56
Medfield State Hospital	19,273 35	24	27,271 28	34	18,827 63	23	42,704 87	53
Northampton State Hospital	26,905 27	29	30,465 18	33	11,084 06	12	41,151 36	44
Taunton State Hospital	6,661 73	10	23,820 01	36	11,945 81	18	37,070 29	56
Westborough State Hospital	17,726 81	23	30,920 89	40	19,086 59	25	33,658 75	44
Worcester State Hospital	17,331 34	24	32,824 99	45	14,085 56	19	45,878 48	63
Monson State Hospital (epileptic)	18,709 47	16	38,389 52	33	41,677 87	35	65,798 31	56
Monson State Hospital (epileptic)	11,432 62	18	21,176 90	33	10,951 68	17	34,132 98	54
Total	\$200,352 97	\$0 22	\$327,161 29	\$0 36	\$235,009 68	\$0 26	\$501,426 31	\$0 56
Schools for Mental Defectives:								
Belchertown State School	\$15,306 19	\$0 36	\$16,907 13	\$0 39	\$6,935 73	\$0 16	\$22,116 14	\$0 52
Walter E. Fernald State School	24,448 59	29	35,035 78	41	19,818 09	23	35,004 97	41
Wrentham State School	21,319 53	30	26,846 76	37	8,878 26	12	33,949 81	47
Total	\$61,164 61	\$0 31	\$78,809 67	\$0 39	\$35,632 08	\$0 18	\$91,070 92	\$0 46
Grand Total	\$261,517 58	\$0 24	\$405,970 96	\$0 37	\$270,641 76	\$0 25	\$592,497 23	\$0 54

TABLE 4. — *Net Expenses for Maintenance and Operation, and Per Capita Costs grouped according to the Massachusetts Standard of Analysis of Maintenance Expenses — By Institution — Concluded.*

INSTITUTIONS.	FARM.		GARAGE, STABLES AND GROUNDS.		REPAIRS, ORDINARY.		REPAIRS AND RENEWALS.	
	Net Expenses.	Net Weekly Per Capita Cost.	Net Expenses.	Net Weekly Per Capita Cost.	Net Expenses.	Net Weekly Per Capita Cost.	Net Expenses.	Net Weekly Per Capita Cost.
Hospitals for Mental Diseases:								
Boston Psychopathic Hospital	—	\$0 05	\$128 02	\$0 03	\$3,142 07	\$0 68	\$4,960 65	\$1 08
Boston State Hospital	\$5,621 04		5,786 64	05	16,222 81	14	23,279 71	25
Danvers State Hospital	30,740 59	31	3,745 47	06	21,765 79	22	18,466 57	19
Foxborough State Hospital	22,149 25	46	5,801 02	12	8,457 99	18	7,329 90	15
Gardner State Hospital	30,697 85	52	6,789 94	11	14,442 95	24	8,341 84	14
Grafton State Hospital	31,835 82	39	5,172 52	06	16,220 13	20	12,979 24	16
Medfield State Hospital	30,531 21	33	6,608 47	07	20,446 27	22	8,076 75	09
Northampton State Hospital	20,565 90	31	3,545 55	05	14,800 32	22	11,052 32	17
Northampton State Hospital	29,134 05	38	4,867 45	06	14,028 47	18	15,217 66	20
Taunton State Hospital	22,841 32	31	8,213 76	11	15,315 20	21	29,673 39	41
Westborough State Hospital	29,635 17	25	5,417 51	05	21,107 76	18	12,586 61	11
Worcester State Hospital	24,564 29	39	5,534 27	09	10,691 33	17	12,721 25	20
Total	\$278,316 49	\$0 31	\$63,670 62	\$0 07	\$176,641 09	\$0 20	\$171,285 89	\$0 19
School for Mental Defectives:								
Belchertown State School	\$30,074 72	\$0 70	\$7,455 62	\$0 17	\$8,568 62	\$0 20	\$11,655 35	\$0 27
Walter E. Fernald State School	37,235 30	44	7,300 18	09	14,250 24	17	20,293 09	24
Wrentham State School	37,647 69	53	5,997 88	08	13,941 22	19	14,610 54	20
Total	\$104,957 71	\$0 51	\$20,753 68	\$0 10	\$36,760 08	\$0 18	\$46,558 98	\$0 23
Grand Total	\$383,274 20	\$0 35	\$84,424 30	\$0 08	\$213,401 17	\$0 19	\$217,844 87	\$0 20

TABLE 5. — *Analysis of Pay Rolls — By Institution.*

INSTITUTIONS.	AVERAGE WEEKLY PER CAPITA COST.				
	Medical.	Ward Service.	Industrial and Educational.	All Others.	Total.
Hospitals for Mental Diseases:					
Boston Psychopathic Hospital	\$8 18	\$8 77	\$0 49	\$16 08	\$33 54
Boston State Hospital	28	1 69	10	1 38	3 45
Danvers State Hospital	24	1 52	06	1 42	3 24
Foxborough State Hospital	33	1 66	09	1 94	4 02
Gardner State Colony	27	1 32	16	1 57	3 32
Grafton State Hospital	27	1 27	05	1 84	3 43
Medfield State Hospital	24	1 51	09	1 46	3 30
Northampton State Hospital	33	1 21	06	1 62	3 22
Taunton State Hospital	33	1 58	08	1 71	3 70
Westborough State Hospital	33	1 44	08	1 86	3 71
Worcester State Hospital	30	1 67	07	1 47	3 51
Monson State Hospital (epileptic)	32	1 46	06	1 71	3 55
Average	\$0 33	\$1 55	\$0 08	\$1 68	\$3 64
Schools for Mental Defectives:					
Belchertown State School	\$0 35	\$1 35	\$0 24	\$1 97	\$3 91
Walter E. Fernald State School	29	1 58	33	1 32	3 52
Wrentham State School	24	1 44	28	1 07	3 03
Average	\$0 29	\$1 49	\$0 29	\$1 38	\$3 44
Total Average	\$0 32	\$1 53	\$0 12	\$1 62	\$3 60

TABLE 6. — *Rotation in Service of Persons Employed in Institutions.*

INSTITUTIONS.	PERSONS EMPLOYED.				
	Medical.	Ward Service.	Industrial and Educational.	All Others.	Total.
Hospitals for Mental Diseases:					
Boston Psychopathic Hospital	1.88	3.25	1.20	1.91	2.37
Boston State Hospital	1.80	2.22	1.42	2.29	2.21
Danvers State Hospital	2.57	2.28	1.69	2.01	2.17
Foxborough State Hospital	1.83	2.30	1.43	1.67	1.98
Gardner State Colony	1.42	2.20	1.29	1.71	1.92
Grafton State Hospital	1.66	2.22	1.41	1.57	1.86
Medfield State Hospital	1.58	2.59	1.48	2.19	2.37
Northampton State Hospital	1.29	2.70	1.29	1.79	2.19
Taunton State Hospital	1.45	2.39	2.16	1.40	1.94
Westborough State Hospital	1.24	2.86	1.17	2.09	2.41
Worcester State Hospital	1.64	2.78	1.87	2.21	2.50
Monson State Hospital (epileptic)	1.80	2.48	1.89	1.70	2.09
Average	1.71	2.49	1.52	1.91	2.19
Schools for Mental Defectives:					
Belchertown State School	1.16	2.52	1.79	1.60	2.01
Walter E. Fernald State School	1.41	2.59	2.11	1.80	2.26
Wrentham State School	1.16	3.10	1.93	1.66	2.56
Average	1.27	2.75	1.99	1.70	2.30
Total Average	1.65	2.54	1.73	1.88	2.21

TABLE 7. — *Statement of Active Special Appropriations for Construction, Permanent Betterments, Real Estate and Furnishings.*

INSTITUTION AND TITLE.	APPROPRIATION.			Indebtedness Previously Incurred.	Indebtedness Incurred in 1928.	Total Indebtedness Incurred.	Balance Available.
	Chapter.	Year.	Amount.				
HOSPITALS FOR MENTAL DISEASES.							
Boston Psychopathic Hospital.							
X-Ray Equipment	127	1928	\$5,800 00	—	\$5,460 33	\$5,460 33	\$339 67
Boston State Hospital.							
Administration Building	127	1928	180,000 00	—	—	—	180,000 00
Sewer and Water Extension	127	1928	130,000 00	—	—	—	130,000 00
Food Trucks	138	1927	4,000 00	\$3,822 00	—	3,822 00	178 00
Danvers State Hospital.							
Nurses' Home	127	1928	143,000 00	—	55 80	55 80	142,944 20
Furnishing Male Attendants' Home	127	1928	4,700 00	—	4,172 00	4,172 00	528 00
Replacing Elevators	127	1928	12,400 00	—	9,382 84	9,382 84	3,017 16
Verandas C and H	79	1926	50,000 00	49,997 20	—	49,997 20	—
Garage Extension	79	1926	5,000 00	4,959 65	37 42	4,997 07	—
Space for Industries	138	1927	16,000 00	10,671 76	5,326 81	15,998 57	—
Male Attendants' Home	138	1927	65,000 00	64,211 85	786 20	64,998 05	1 95
Plumbing — Main Hospital	138	1927	6,000 00	257 25	4,830 15	5,087 40	912 60
Renovating Plumbing — Middleton Colony	138	1927	3,000 00	1,051 24	—	1,051 24	1,948 76
Improvements on Coal Trestle	138	1927	2,000 00	1,997 37	—	1,997 37	2 63
Foxborough State Hospital.							
Alterations to Boiler House	127	1928	18,000 00	—	7,330 81	7,330 81	10,669 19
Alterations to Ward Building	79	1926	100,000 00	—	—	—	—
Renovation of Wards C and D	138	1927	100,000 00	187,651 91	10,830 66	198,482 57	1,517 43
Electrical Connections	138	1927	7,500 00	—	—	—	—
Food Trucks	138	1928	17,500 00	24	8,016 38	8,016 62	16,983 38
		1927	3,000 00	2,585 34	278 38	2,863 72	136 28
		1927	2,000 00	1,960 00	39 20	1,999 20	80
Gardner State Colony.							
Coal Trestle and Side Track	127	1928	10,700 00	—	—	—	10,700 00
Officers' Cottages	127	1928	10,000 00	—	8,797 77	8,797 77	1,202 23
Repairing Road to Westminster	127	1928	1,000 00	—	34 38	34 38	965 62
Additional Water Supply	126	1924	35,000 00	—	—	—	—
Coal Trestle	398	1926	7,000 00	41,090 67	500 96	41,591 63	408 37
Food Conveyors	79	1926	1,500 00	1,383 33	108 80	1,492 13	—
	79	1926	2,800 00	—	—	—	—
	138	1927	1,050 00	928 06	2,919 81	3,847 87	2 13

TABLE 7. — Statement of Active Special Appropriations for Construction, Permanent Betterments, Real Estate and Furnishings — Continued.

INSTITUTION AND TITLE.	APPROPRIATION.			Indebtedness Previously Incurred.	Indebtedness Incurred in 1928.	Total Indebtedness Incurred.	Balance Available.
	Chapter.	Year.	Amount.				
HOSPITALS FOR MENTAL DISEASES — <i>Concluded.</i>							
<i>Gardner State Colony — Concluded.</i>							
Building for Semi-Disturbed Patients	{ 79	1926	\$75,000 00	—	\$784 65	\$147,043 99	\$2,956 01
Highway Repairs — Westminster	398	1927	75,000 00	—	999 40	999 40	—
Employees' Cottage .	{ 138	1926	1,000 00	873 38	1,584 97	11,982 46	17 54
Additional Filter Beds .	138	1927	12,000 00	10,397 49	—	—	—
Laundry Machinery .	{ 127	1927	4,000 00	—	424 80	14,110 73	889 27
	138	1928	11,000 00	6,842 29	13,685 93	6,842 29	157 71
<i>Grafton State Hospital.</i>							
Sedation Suite in Pines D .	127	1928	6,800 00	—	549 23	549 23	6,250 77
Additional Water Supply .	{ 313	1917	—	—	—	—	—
Purchase of Food Conveyors	129	1922	105,000 00	104,509 34	111 04	104,509 34	490 66
Purchase of Certain Property	79	1926	5,400 00	5,288 50	—	10,958 82	—
Remodeling Certain Buildings	{ 138	1927	3,500 00	10,958 82	—	—	—
	127	1928	3,500 00	1,171 50	2,744 86	3,916 36	3,083 64
Additional Sewer Beds	138	1927	3,500 00	488 51	3,576 47	4,064 98	6,735 02
New Boilers	{ 127	1927	17,215 00	—	72	72	47,214 28
	138	1928	30,000 00	—	—	—	—
<i>Medfield State Hospital.</i>							
Additional Water Supply .	127	1928	8,000 00	—	1,221 92	1,221 92	6,778 08
Food Conveyors	79	1926	3,600 00	3,528 00	—	3,528 00	—
Remodeling Nurses' Home	79	1926	7,000 00	6,965 25	27 88	6,993 13	—
Replacing Certain Floors .	138	1927	15,000 00	14,731 59	266 90	14,998 49	1 51
Renovation of Baths and Toilets	{ 138	1927	10,000 00	—	—	—	—
	127	1928	10,000 00	11 34	13,777 33	13,788 67	6,211 33
<i>Northampton State Hospital.</i>							
Ward Building "B"	211	1925	103,500 00	—	—	—	—
Addition to Female Infirmary	79	1926	103,500 00	206,430 35	410 89	206,841 24	—
Two Cottages for Employees	79	1926	22,000 00	56 15	21,712 60	21,768 75	—
Ward Building "A" .	{ 138	1927	12,000 00	9,123 64	2,836 08	11,960 32	—
	127	1928	103,500 00	104,562 45	10,374 85	174,937 30	7,062 70
Nurses' Home .	138	1927	78,500 00	—	—	—	—
	127	1928	141,275 00	132,418 20	8,689 47	141,107 67	167 33

Taunton State Hospital.

Certain Land	127	1928	4,000 00	-	3,294 37	3,294 37	705 63
Remodeling Certain Buildings	79	1926	55,000 00	42,358 24	12,557 61	54,915 85	-
Officers' Cottages	79	1926	12,000 00	11,955 13	-	11,999 38	-
Completion of Storehouse	138	1927	38,000 00	-	-	-	-
Storehouse Equipment	127	1928	7,000 00	37,045 03	7,694 65	44,739 68	260 32
Bakeshop	138	1927	7,500 00	-	5,026 85	-	2,473 15
Rear Center Building	138	1927	32,000 00	-	-	-	-
Employees' Cottages	127	1928	113,000 00	31,247 33	83,288 28	114,535 61	30,464 39
Furnishings for Officers' Cottages	138	1927	28,000 00	17,654 43	10,319 73	27,974 16	25 84
	138	1927	3,500 00	3,499 39	-	3,499 39	61

Westborough State Hospital.

Salvage Yard	127	1928	3,000 00	-	-	-	3,000 00
Remodeling Farmhouse	79	1926	10,000 00	9,993 75	-	9,994 64	-
Renovation of Female Wards	79	1926	17,500 00	16,200 35	1,208 79	17,409 14	-
Addition to Durfee Colony	79	1926	12,000 00	11,803 14	187 70	11,990 84	-
Hydratie Section	79	1926	5,000 00	4,520 93	343 48	4,864 41	-
Food Conveyors	138	1927	3,400 00	3,332 00	64 68	3,396 68	3 32
Furnishing Officers' Apartments	138	1927	4,000 00	3,894 41	98 00	3,992 41	7 59

Worcester State Hospital.

Officers' Cottages	127	1928	12,000 00	-	8,660 47	8,660 47	3,339 53
Equipment for Dining-room	398	1926	5,000 00	4,884 58	112 70	4,997 28	-
Automatic Refrigeration	79	1926	7,000 00	6,872 64	115 58	6,988 22	-
Boilers	138	1927	42,000 00	33,326 63	6,005 58	39,332 21	2,667 79
Water Supply — Hillside Colony	138	1927	4,500 00	-	-	-	4,500 00

Monson State Hospital (Epileptic).

Children's Building	127	1928	115,000 00	-	373 30	373 30	114,626 70
Male Employees' Home	138	1927	98,750 00	-	-	-	105,699 97
	127	1928	12,000 00	17 13	32 90	50 03	-

Metropolitan State Hospital.

	138	1927	1,500,000 00	70,948 71	2,302,459 83	2,373,408 54	626,591 46
	127	1928	1,500,000 00	-	-	-	-
Total	-	-	\$5,586,190 00	\$1,507,162 63	\$2,593,280 75	\$4,100,443 38	\$1,484,840 55

SCHOOLS FOR MENTAL DEFECTIVES.

Belchertown State School.

Two Dormitory Buildings	129	1922	\$155,000 00	\$185,185 38	-	\$185,185 38	\$814 62
Administration Building	546	1922	31,000 00	-	-	-	-
Dormitory for Boys	138	1926	30,000 00	59,548 22	\$5,426 19	64,974 41	25 59
	138	1927	35,000 00	-	-	-	-
	138	1926	50,000 00	-	-	-	-
	138	1927	50,000 00	99,801 43	198 34	99,999 77	23
Employees' Cottage	138	1926	14,000 00	-	-	-	-
Coal Trestle	138	1927	13,500 00	26,273 18	1,202 42	27,475 60	24 40
Furnishings for Boys' Dormitory	79	1926	8,000 00	7,248 49	745 52	7,994 01	-
Service Lines and Conduits	138	1927	7,500 00	7,197 68	296 82	7,494 50	5 50
Water and Sewerage	138	1927	45,000 00	36,457 31	9,342 37	45,799 68	32
Garage	138	1927	23,760 00	22,713 67	1,045 98	23,759 65	35
	138	1927	5,000 00	4,452 76	547 17	4,999 93	07

TABLE 7. — Statement of Active Special Appropriations for Construction, Permanent Betterments, Real Estate and Furnishings — Concluded.

INSTITUTION AND TITLE.	APPROPRIATION.			Indebtedness Previously Incurred.	Indebtedness Incurred in 1928.	Total Indebtedness Incurred.	Balance Available.
	Chapter.	Year.	Amount.				
SCHOOLS FOR MENTAL DEFECTIVES — Concluded.							
Belchertown State School — Concluded.							
Walks	{	1927	\$1,000 00	—	\$1,392 17	\$1,913 87	—
Dairy Group	127	1928	1,000 00	\$521 70	—	—	\$86 13
Power Plant Equipment	138	1927	7,000 00	27 44	5,442 39	5,469 83	1,530 17
Additional Boiler	138	1927	11,350 00	9 94	11,339 88	11,349 82	18
Laundry Equipment	138	1927	13,450 00	12,491 22	860 74	13,351 96	98 04
Power House Equipment	138	1927	8,340 00	8,305 76	33 29	8,339 05	95
Power Line	138	1927	1,320 00	1,314 77	4 60	1,319 67	33
Town Farm Property	138	1927	2,000 00	1,882 42	110 19	1,999 61	39
Furnishing Administration Building	127	1928	8,500 00	107 80	8,067 49	8,175 29	324 71
Schoolhouse and Gymnasium	127	1928	85,000 00	—	2,940 44	2,940 44	2,059 56
Fruit and Vegetable Storage	127	1928	3,500 00	—	78,979 97	78,979 97	6,020 03
Girls' Dormitory	{	1928	100,000 00	—	3,386 12	3,386 12	113 88
Employees' Cottage	405	1928	13,650 00	—	—	—	—
	127	1928	27,500 00	—	101,943 14	101,943 14	11,706 86
					27,126 06	27,126 06	373 94
Walter E. Fernald State School.							
Certain Land	127	1928	15,500 00	—	15,086 30	15,086 30	413 70
Addition to Schoolhouse	127	1928	25,000 00	—	24,560 42	24,560 42	439 58
Electric Light and Power — Templeton Colony	127	1928	13,000 00	—	12,723 50	12,723 50	276 50
Side Track	50	1918	25,000 00	22,000 00	—	22,000 00	3,000 00
Laundry Building	79	1926	40,000 00	39,570 31	98 85	39,669 16	—
Hot Water Lines	79	1926	10,000 00	8,720 20	929 29	9,649 49	—
Acquiring Certain Land	{	1926	10,000 00	—	—	—	—
Food Boxes	398	1926	500 00	10,000 00	—	10,000 00	500 00
Laundry Machinery	138	1927	3,450 00	3,363 36	85 24	3,448 60	1 40
	138	1927	25,000 00	20,840 00	4,103 61	24,948 61	51 39
Wrentham State School.							
Resetting Boilers	127	1928	8,000 00	—	7,819 89	7,819 89	180 11
Nursery Building	127	1928	50,000 00	—	49,913 36	49,913 36	86 64
Purchase of Silo	127	1928	1,000 00	—	933 39	933 39	66 61
Remodeling House	127	1928	10,000 00	—	8,075 57	8,075 57	1,924 43
Male Employees' Cottage	79	1926	30,000 00	29,309 85	682 25	29,992 10	—
Hay Barn	138	1927	8,000 00	7,930 89	6 37	7,937 26	62 74
Laundry Equipment	138	1927	4,000 00	2,776 06	1,195 60	3,971 66	28 34
Cow Barn	138	1927	6,000 00	5,919 60	26 97	5,946 57	53 43
Total	—	—	\$1,041,620 00	\$623,976 44	\$386,677 20	\$1,010,653 64	\$30,271 12
Grand Total	—	—	\$6,627,810 00	\$2,131,139 07	\$2,979,957 95	\$5,111,097 02	\$1,515,111 67

TABLE 8. — *Receipts from Paying Patients — By Institution.*

INSTITUTIONS.	Number Paying.	Amounts Paid.	Average Annual Payment.
Hospitals for Mental Diseases:			
Boston Psychopathic Hospital	—	\$4,267 16	—
Boston State Hospital	300	114,606 54	\$382 02
Danvers State Hospital	408	156,964 13	384 71
Foxborough State Hospital	127	51,261 31	403 63
Gardner State Colony	67	29,876 51	445 91
Grafton State Hospital	47	19,617 70	417 39
Medfield State Hospital	105	46,804 83	445 76
Northampton State Hospital	292	113,785 28	389 67
Taunton State Hospital	180	81,899 91	454 99
Westborough State Hospital	409	172,553 70	421 89
Worcester State Hospital	260	112,603 54	433 09
Monson State Hospital (epileptic)	86	31,733 26	368 99
All Mental Hospitals	2,281	\$935,973 87	\$410 33
Schools for Mental Defectives:			
Belchertown State School	29	\$8,214 21	\$283 84
Walter E. Fernald State School	97	33,254 56	342 83
Wrentham State School	59	14,020 10	237 62
All State Schools	185	\$55,488 87	\$299 94
Family Care	2	\$209 10	\$104 55
State Farm ¹	6	11,064 74	1,844 12
State Infirmary ¹	16	3,783 04	236 44
Hospital Cottages for Children ¹	2	105 31	52 65
Total for Group	26	\$15,162 19	\$2,237 76
Grand Total, all Institutions	2,492	\$1,006,624 93	\$403 94

¹ The State Farm, which is under the Department of Correction, and the State Infirmary, which is under the Department of Public Welfare, have mental wards where the Department of Mental Diseases has but certain legal supervision of the patients therein. The Hospital Cottages for Children is a private institution in which certain mental defectives are boarded by the Department. However, the Division of Legal Settlement and Support Claims of the Department of Mental Diseases investigates and collects, under the Statutes, in the same manner as in the case of institutions directly under the Department. As this Department has no control of their maintenance expenditures these institutions do not appear on Table 4 of the Statistical Report.

TABLE 9. — *Trust Funds — By Institution.*

[Held under Section 27, Chapter 123 of the General Laws.]

INSTITUTIONS.	On Hand Dec. 1, 1927.	Received during Year.	Payments.	On Hand Nov. 30, 1928.
Hospitals for Mental Diseases:				
Boston Psychopathic Hospital	—	—	—	—
Boston State Hospital	—	—	—	—
Danvers State Hospital	—	—	—	—
Foxborough State Hospital	—	—	—	—
Gardner State Colony	—	—	—	—
Grafton State Hospital	—	—	—	—
Medfield State Hospital	\$397 86	\$5 20	—	\$403 06
Northampton State Hospital	884 37	82 28	—	966 65
Taunton State Hospital	—	—	—	—
Westborough State Hospital	4,339 20	169 18	\$120 00	4,388 38
Worcester State Hospital	8,975 94	348 91	501 39	8,823 46
Monson State Hospital (epileptic)	—	—	—	—
Total	\$14,597 37	\$605 57	\$621 39	\$14,581 55
Schools for Mental Defectives:				
Belchertown State School	—	—	—	—
Walter E. Fernald State School	\$64,310 69	\$10,242 01	\$6,871 84	\$67,680 86
Wrentham State School	1,429 18	116 27	3 00	1,542 45
Total	\$65,739 87	\$10,358 28	\$6,874 84	\$69,223 31
Grand Total	\$80,337 24	\$10,963 85	\$7,496 23	\$83,804 86

REPORT OF THE PATHOLOGIST.

To the Commissioner of the Department of Mental Diseases:

This is the twentieth report of the Pathologist and the nineteenth to cover a full year's work.

GENERAL.

During seven months of this period the writer was in Germany for the purpose of study. Her place with the Department was taken by her predecessor, Dr. Myrtelle M. Canavan. It was a very busy seven months for her because she was also carrying on her usual duties as Curator of the Warren Museum at Harvard Medical School, and the work of the Department was not light.

The quota for pathologists for the State Hospitals is usually not full and 1928 was no exception. Danvers, which has one of the oldest and best established laboratories in the State, was without a pathologist for the entire year. Medfield, which had been without a pathologist for some time, acquired the services of Dr. Howard M. Jamieson of Edinburgh, Scotland, May 18, 1928. Taunton had no pathologist for several months of the year, due to the fact that Dr. N. Raskin was on leave of absence in Europe from July until December. This hospital has ordinarily an active autopsy service, and consequently it increased the work to be done by the Department's travelling Pathologist.

The Foxborough laboratory was a busy place during the year. Dr. Lowenberg's interest in neuropathology is unusually keen and is a source of increased enthusiasm on the part of the clinical staff at the hospital. The interest in autopsies was great and is reflected in the percentage for the year — 77. This is the highest autopsy percentage of any of the State hospitals and is one of which Foxborough should be proud.

Dr. P. I. Yakovlev continues on at Monson and at the Harvard Medical School.

Dr. Lydia B. Pierce at Westborough conducts the laboratory along the same very satisfactory lines as in the past.

Dr. Julius Loman has been at Boston State Hospital the entire year and has increased the autopsy percentage considerably.

ROUTINE OF THE PATHOLOGICAL SERVICE.

Autopsies.

Since the establishment of the pathological service July 1, 1914, to November 30, 1928, there have been 2,303 autopsies, of which 97 were performed during the fiscal year of 1928.

The following table shows the number of autopsies performed in the different institutions by the pathological service of the Department (and exclusive of autopsies performed by the staffs of the institutions):—

Taunton Hospital	21	Belchertown School	2
Worcester Hospital	17	Medfield Hospital	2
Danvers Hospital	11	Walter E. Fernald State School	1
Westborough Hospital	11	Grafton Hospital	1
Boston Psychopathic Hospital	10	Wrentham School	1
Gardner Colony	7	U. S. Veterans' Hospital	—
Foxborough Hospital	5		
Northampton Hospital	3	Total	97
Monson Hospital	3		
Boston Hospital	2		

In addition to the 97 autopsies there were viewings of bodies in the various institutions not followed by autopsies by us, but in some cases autopsied by medical examiners.

Table showing Proportion of Autopsies to Deaths in Institutions during Year.

	Total Number of Deaths.	Total Number of Autopsies.	Per Cent.
Foxborough Hospital	74	57	77
Worcester Hospital	292	121	41
Boston Hospital	269	118	40
Taunton Hospital	200	68	34
Westborough Hospital	136	38	28
Belchertown State School	15	4	27
Boston Psychopathic Hospital	63	17	27
Medfield Hospital	101	27	27
Gardner Colony	47	12	26
State Infirmary, Mental Wards	41	7	17
Monson Hospital	78	12	15
Walter E. Fernald State School	18	1	6
Danvers Hospital	233	12	5
Wrentham State School	37	1	3
Grafton Hospital	57	1	2
Northampton Hospital	178	4	2
Bridgewater State Farm	41	—	—
Hospital Cottages for Children	7	—	—
Total number of deaths in State Hospitals in Massachusetts in 1928			1,887
Total number of autopsies performed (26.4% of all deaths)			500
a. By laboratories independent of Department			403
b. Department			97

Sudden Deaths.

The following table relates to the causative factors in the sudden deaths occurring in the State Hospitals in 1928:—

Sudden deaths reported to Department	177
Number autopsied	82
Number autopsied by service	62
Acute infection	27
Accidents	4
Arteriosclerosis or coronary	17
Alcohol	9
Brain tumor	1
Cerebral hemorrhage	4
Collapse after bath or pack	1
Complicated by fractures	19
Drowning	5
Epilepsy and asphyxia	7
Epilepsy	4
Following operation	3
Fractures	21
General paresis or tabes	7
Intestinal obstruction	3
Malignancy	4
Miscellaneous	10
Organic heart disease	24
Suicide	19
Tuberculosis	3

The sudden deaths in the State Hospitals in fifteen years are herewith presented (either autopsied or non-autopsied):—

YEAR.	Deaths.	YEAR.	Deaths.	YEAR.	Deaths.
1914	69	1919	77	1924	121
1915	85	1920	84	1925	129
1916	74	1921	87	1926	136
1917	83	1922	89	1927	126
1918	117	1923	122	1928	177

a total of 1,576, of which there have been 724 autopsied, or 46%.

Analysis of Autopsied Sudden Death Cases.

Hospitals reported 177 sudden deaths to the Department in 1928. This far exceeds the number for any other year. It is difficult to say whether the increase is due to carelessness on the part of attendants in reporting patients who are not well. It is possible, on the other hand, that greater care has been exercised by physicians in reporting all possible sudden or unexpected deaths. The percentage of cases coming to autopsy is equal to the percentage for the entire series of sudden deaths occurring since the establishment of the service. Of the cases autopsied by the service, thirteen were due to acute infections; five were from alcohol and consequently were referred to the Medical Examiner. Two cases died within 24 hours of admission to the hospital. Six deaths were due either to coronary thrombosis or sclerosis. Six were due to fractured skull. Four of these six were caused by falling during epileptic convulsions. It can readily be seen that many deaths included in this series were not medico-legal in the sense that there was foul play involved.

Suicides in State Hospitals.

YEAR.	Suicides.	YEAR.	Suicides.	YEAR.	Suicides.
1914	9	1919	13	1924	10
1915	6	1920	13	1925	15
1916	9	1921	12	1926	14
1917	12	1922	10	1927	19
1918	18	1923	14	1928	19

Analysis of Suicides (Autopsied and Non-Autopsied).

DIAGNOSIS IN SUICIDES IN STATE HOSPITALS.	1913-14.		1914-15.		1915-16.		1916-17.		1917-18.		1918-19.		1919-20.		1920-21.		1921-22.		1922-23.		1923-24.		1924-25.		1925-26.		1926-27.		1927-28.	
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	
Dementia Praecox	1	1	3	1	2	1	3	4	1	3	6	3	2	1	2	1	2	1	1	1	1	1	4	3	3	3	2	1	2	1
Manic Depressive	-	2	3	1	2	4	3	3	1	2	3	1	4	3	1	4	3	5	3	5	3	2	2	1	1	3	5	3	3	
General Parosis	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Epilepsy	-	-	1	-	1	1	1	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Diagnosis unknown ¹	3	3	1	1	1	1	3	-	2	1	-	-	-	-	-	-	3	1	1	1	3	3	1	1	1	1	1	1	-	
Imbecile	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Psychosis with Arteriosclerosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	
Alcoholic Psychosis	-	-	-	-	-	-	-	-	-	3	-	-	-	-	1	-	-	-	2	-	-	-	2	-	-	1	3	-	1	1
Constitutional Psychopathic Inferiority	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	
Neurasthenia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	
Senile Psychosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	
Involution Melancholia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	
Paranoid Condition	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	
Situational Psychosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Totals	4	5	3	3	8	1	6	6	11	7	7	6	8	5	10	2	7	3	8	6	6	4	13	2	6	7	11	8	10	9

¹ Death before a definite mental diagnosis was determined.

Casualties.

Three hundred and eighty-seven accidents were reported to the Department during 1928. Since 1919 when there were only 208 the number has been with two exceptions, 1925 and 1927, on the increase.

Casualties in State Hospitals.

YEAR.	Casualties.	YEAR.	Casualties.	YEAR.	Casualties.
1914	346	1919	208	1924	297
1915	320	1920	240	1925	275
1916	304	1921	257	1926	351
1917	237	1922	258	1927	314
1918	221	1923	292	1928	387

TABLE A. — *Casualties arranged by Institutions.*

	Males.	Females.	Total.	Total Accidents.	Total Injuries.
Boston Psychopathic Hospital	27	11	38	40 ^{1, 2}	69
Walter E. Fernald State School	36	9	45	46 ³	55
Monson Hospital	22	22	44	44	52
Medfield Hospital	10	26	36	38 ^{1, 4}	47
Worcester Hospital	14	17	31	32 ³	46
Danvers Hospital	16	20	36	37 ³	44
U. S. Veterans' Hospital	23	—	23	28 ^{5, 1}	43
Taunton Hospital	7	18	25	28 ^{5, 6}	39
Wrentham State School	10	6	16	16	23
Foxborough Hospital	9	4	13	13	22
Boston Hospital	5	8	13	13	20
Westborough Hospital	5	5	10	10	12
Grafton Hospital	2	6	8	8	11
Gardner Colony	2	5	7	7	8
McLean Hospital	4	1	5	5	6
Northampton Hospital	3	2	5	6 ³	6
Belchertown State School	3	2	5	5	5
Bridgewater State Farm	2	—	2	2	5
State Infirmary, Mental Wards	1	3	4	4	5
Wiswall Sanatorium	2	2	4	4	5
Westwood Lodge	—	1	1	1	1
Totals	203	168	371	387	524

¹ Two accidents to two patients.² Twenty-six accidents prior to admissions.³ Two accidents to one patient.⁴ Accidents prior to admission.⁵ Four accidents to one patient.⁶ Six accidents prior to admissions.TABLE B. — *Casualties arranged by Institutions and Severity of Injury.*

	Fractures.	Dislocations.	Other Severe Injuries.	Total Severe Injuries.	Less Severe Injuries.
<i>Receiving Institutions.</i>					
Boston Psychopathic Hospital	12	2	7	21	48
Boston Hospital	16	1	—	17	3
Danvers Hospital	29	2	2	33	11
Northampton Hospital	4	—	1	5	1
Taunton Hospital	15	—	2	17	22
Westborough Hospital	9	1	—	10	2
Worcester Hospital	35	2	2	39	7
<i>Institutions chiefly for Transfers.</i>					
Grafton Hospital	5	1	1	7	4
Medfield Hospital	16	2	1	19	28
Gardner Colony	4	—	—	4	4
Foxborough Hospital	11	1	—	12	10
State Infirmary, Mental Wards	3	1	—	4	1
<i>Institutions for the Feeble-minded.</i>					
Walter E. Fernald School	18	2	3	23	32
Wrentham School	9	2	—	11	12
<i>Special Public Institutions.</i>					
Monson Hospital	32	7	7	46	6
Bridgewater State Farm	4	—	—	4	1
Belchertown School	2	1	1	4	1
<i>Special Private Institutions.</i>					
McLean Hospital	2	—	—	2	4
Wiswall Sanatorium	1	—	—	1	4
Westwood Lodge	1	—	—	1	—
U. S. Veterans' Hospital	10	—	1	11	32
Total	238	25	28	291	233

Investigations.

The writer was privileged to take a leave of absence for seven months in 1928 for the purpose of further study. About six months of this period were spent in Germany; the first month in the laboratory of Dr. A. Jakob in Hamburg. Here there was abundant opportunity to observe methods of microscopic technique not used in our country. The chief of the laboratory left at the end of a month for South America and your pathologist moved to Munich where she was allowed to work in the laboratory of the Psychiatrische Klinik under the Pathologist Dr. Hugo Spatz.

He assigned to her a small problem in which he was interested, viz.: the question of the presence of vacuoles in the nuclei of the endothelium of the cerebral blood vessels. Observations on these structures had been made many years ago by Obersteiner and more recently by Degenkolb and other German authors. This distribution in the central nervous system and the body generally, their exact location in the cell, their contents, if any, their possible function were taken up, and a paper prepared for publication, presumably in some German anatomical journal. Here too the opportunity to observe and to obtain experience in German methods of microscopic technique was utilized. A different autopsy technique was also observed.

While in Munich the Forschungsanstalt for Psychiatrie, of which Professor W. Spielmeier is the Director, was visited on several occasions. This institution is a part of the Kaiser Wilhelm Institute and is financed in part by American funds. The building is new. It was first occupied in April, 1928, and is most modern in structure and equipment. In addition to the neuropathological and serological laboratories they have a large genealogical department in which are kept on file the family histories of many of the insane people from all over Germany. A good many of these histories were begun years ago and are very voluminous.

The following shows the routine work of the investigation staff of the Department: visits to institutions, 180; autopsies in cases of sudden deaths, 62; severe injuries in institutions, 291; less severe injuries, 233; total injuries, 524; publications by state officers, 52.

Publications.

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Summary.

1. Laboratory work in state hospitals with pathologists is considered satisfactory. There are several hospitals in which the position of Pathologist is vacant.
2. The Department's officer has done 97 autopsies during the fiscal year and 2,303 since the establishment of the service in 1914.
3. Foxborough leads in autopsy activity, the percentage being 77.
4. The sudden deaths reported to the Department were 177 and exceed those of any other year.
5. There were 19 suicides during the year — a high number.
6. Three hundred and eighty-seven accidents were reported to the Department.

Respectfully submitted,

MARJORIE FULSTOW, M.D., *Assistant Pathologist.*

REPORT OF THE SOCIAL SERVICE DIVISION.

To the Commissioner of Mental Diseases:

On the whole the Social Service Division appears to have been in fairly good condition during the year. There appears to be an excellent spirit of team work in practically all parts of the service and a desire to develop the work on a sound basis is quite apparent.

Problems relative to organization, personnel and standards have probably been no more serious than those of previous years and are, in the main, probably indications of growth.

One of our outstanding needs — a continuous one apparently — is that of obtaining a suitable number of Social Workers for the service. The demand is still far greater than the supply and present conditions do not indicate that this situation will materially change for some time to come. It is hoped that some plan may be formulated within the coming year that will help to remedy this situation, which is particularly acute in Institution Social Service.

The new salary schedule has solved one of the outstanding problems of previous years. The present salaries paid to Social Workers connected with the Department compare very favorably with those of other States and are much better than those paid by many local private social agencies.

INSTITUTION SOCIAL SERVICE.

The Hospital Social Work shows various degrees of development, ranging from routine history taking, investigation and general supervision work to professional psychiatric social work, as noted in skilled case work, clinic service and educational work. With the extension of Hospital service into the community the Social Service is enabled to widen its scope of usefulness and to serve a larger number of people in a greater variety of ways. This is particularly true in regard to co-operative work with local social agencies that are constantly dealing with clients who are mentally or emotionally unstable and in need of special psychiatric treatment. The State Hospital Social Worker should be in a position to render assistance by means of clinic facilities, consultant service and psychiatric social advice to agencies that request such assistance. Wherever a State Hospital recognizes and accepts the social responsibility for the mental welfare of the people living in its immediate vicinity or district, there we usually find Social Service at its best. The preventive aspects of psychiatric social work appeal strongly to the skilled Social Worker, her interests are aroused and her ability is thus challenged.

At the present time, however, the bulk of our Institution Social Work centers about the more routine tasks which are necessary from the administrative point of view. There is a small staff of Social Workers — and many needs in the Hospital — hence the diversity of duties for the Social Service. It is quite probable that we may be facing a situation which calls for both kinds of social work — professional social service and what may be called (for want of a better term) social assistance.

It is becoming increasingly apparent that professional psychiatric Social Workers are not being attracted, to any great extent, to State Hospital service. Some of the alleged reasons for this situation refer to lack of modern methods of treatment in Hospitals, lack of facilities and opportunities for constructive community service and failure on the part of many administrators to allow Social Workers freedom of initiative in social analysis and social treatment of cases which are primarily social cases. The field for psychiatric social service is growing very rapidly and there appears to be an increasing demand for professionally trained Social Workers who are equipped for skilled case work and educational work in the field of mental hygiene.

On the other hand, the routine social work of the hospital is highly important and necessary. For this service it may mean that another type of social worker or "social assistant" is required. The field is large enough to include both groups — both are needed. This is perhaps the most important problem which Social Service is facing at this time and trying to work toward a solution without lowering present standards, which are not considered too high for practical purposes.

Another important phase of Institution Social Service is the student training for pupils of the Smith College School of Social Work. For several years students from this School have been placed in those Institutions which were equipped for training — Worcester, Boston, Foxborough and Danvers State Hospitals. Eight students were placed at the above named Hospitals for 1927 and 1928, for a nine months' period of training. The Boston Psychopathic Hospital each year accepts students from the Simmons College School of Social Work.

SOCIAL WORK IN THE DIVISIONS.

Division for the Examination of Prisoners employs eleven Social Workers who interview prisoners and take histories in the community for diagnostic purposes. One resignation took place early in the year which was filled by Mrs. Bertha Perry of New Bedford.

The nature of the work of this Division remains practically unchanged because of the special purpose for which it was created. For this reason the scope of the Social Workers' duties cannot be widened at the present time.

The outstanding problem of the Social Service connected with this division relates to the output of cases, which appears to be comparatively small. Various reasons might be given as to the causes of this problem — some appear, however, to relate to large areas to be covered; inability, in some cases, to secure correct names and addresses from prisoners; language difficulties and unco-operative relatives and informants. In addition to the above, there are various miscellaneous duties which consume a large amount of time before records can be properly prepared.

A study of this problem is to be made with a view as to ways and means of increasing the number of cases handled by Social Workers.

DIVISION OF MENTAL DEFICIENCY.

Connected with this Division are three full time Social Workers. Miss Clara T. Stahl was absent for about a year on account of illness. The Staff is at present complete.

The duties of the Social Service, previously defined in other reports, remain practically unchanged. The intensive work is with the committed cases, although a larger number of voluntary patients are under supervision. This group consists of young people who are in need of supervision but are economically dependent and cannot be committed to the Division because of lack of funds to assume maintenance responsibilities. The supervision of the latter group appears to be generally successful and the number of referred cases shows an increase over previous years.

Plans are being formulated for the intensive study of a small group of adolescents who have been examined at our School Clinics, diagnosed mentally deficient and "in need of Social Supervision."

DIVISION OF MENTAL HYGIENE.

The Social Service Staff consists of four trained psychiatric Social Workers whose duties include clinic management, history taking, case work and other duties incidental to Habit Clinic Work. One of the outstanding needs of this Social Service group relates to co-operative work with local agencies. A clearer understanding of the functions and relationships of Habit Clinics under State management is needed in order to bring about more effective team work with community agencies.

CONFERENCE WORK.

Judging from the excellent record of attendance and the active interest taken in the conference work during the year one is led to believe that this work is an essential part of the Social Service program. Following is a list of speakers and subjects for the year: —

December, 1927. — The Epilepsies. Dr. M. B. Hodskins, Superintendent, Monson State Hospital.

January, 1928. — Mental Hygiene, Children. Dr. C. A. Bonner, Superintendent, Danvers State Hospital.

February. — The Psychiatric Approach to the Social Problem of Alcoholism. Dr. L. B. Hill, Worcester State Hospital.

March. — Mental Hygiene. Dr. D. A. Thom, Director, Division of Mental Hygiene.

April. — Crime and Psychiatry. Dr. W. Overholser, Director, Division for the Examination of Prisoners.

May. — Reports from the National Conference of Social Work. Members of the Social Service.

June. — Habit Clinics. Dr. H. B. Moyle, Worcester State Hospital.

October. — Organization of Social Service. Dr. George M. Kline, Commissioner, Department of Mental Diseases. Reports from International Conference of Social Workers, Miss Hoskins, Miss Holland.

November. — Case Discussion. Miss Esther Cook, Boston Psychopathic Hospital.

Smaller group conferences are held monthly for the various Divisions which offer an opportunity for the discussion of problems connected with organization, record work, functions, policies, etc.

SOCIAL SERVICE PERSONNEL.

INSTITUTIONS.	Social Workers.	Students.	Vacancies.
Boston State Hospital	3	2	—
Boston Psychopathic Hospital	3	—	—
Danvers State Hospital	1	—	1
Foxboro State Hospital	1	2	1
Gardner State Hospital	—	—	1
Grafton State Hospital	—	—	1
Medfield State Hospital	1	—	1
Monson State Hospital	1	—	—
Northampton State Hospital	1	—	—
Taunton State Hospital	2	—	—
Westboro State Hospital	—	—	2
Worcester State Hospital	3	4	—
W. E. Fernald State School	2	—	1
Belchertown State School	1	—	1
Wrentham State School	2	—	—
Division Examination of Prisoners	11	—	—
Division Mental Hygiene	3	—	1
Division Mental Deficiency	3	—	—
Totals	38	8	10
		56	

Number of resignations, 8.

Each year appears to hold something of particular interest to our Social Service — it may be the opening of a new department — the extension of Social Service into the community in the form of clinics or an attractive new salary schedule. During the past year some developments have taken place which indicate progress, particularly in the community work. Many of us were inspired and enlightened by visitors from England and France who were in this country studying our methods of care and treatment of mental patients, community clinics and social service. A most unusual opportunity thus presented itself for us to become more familiar with the foundations of psychiatric work in England upon which much of our present work with mental cases may possibly have been built. Our guests gave generously of their time and experience. At one of our conferences two of our English guests gave informal talks on their work in London, which were very interesting and helpful.

Appreciation is hereby expressed for the support and assistance of the Commissioner, Hospital Officials and others who have in any way contributed to the general welfare of the Social Service connected with the Department.

The loyalty, co-operation and spirit of good will which are the outstanding characteristics of our Social Service personnel go far toward making the Division an acceptable part of the organization scheme of the Department of Mental Diseases.

Respectfully submitted,

HANNAH CURTIS, *Director.*

REPORT OF DIVISION OF MENTAL HYGIENE.

To the Commissioner of the Department of Mental Diseases:

I herewith submit a summary of the activities which have been carried on by the Division of Mental Hygiene of the Department of Mental Diseases during the year ending September 30, 1928.

The activities of the Division of Mental Hygiene have progressed during the past year in a very satisfactory way. New approaches to the old problems concerned with the pathology of mental disease and epilepsy have been carried on by Drs. Myerson and Canavan respectively. Dr. Harry C. Solomon has continued his researches in the therapy of neuro-syphilis, while Dr. A. Warren Stearns has been working on mental disease and its relation to specific types of crime. All of these investigators, excepting Dr. Stearns, are directing their attention to the solution of some fundamental problem of pathology of physiology directly related to the cause of mental illness, and although the results as yet have only been suggestive of what we may ultimately hope for, they represent the type of endeavor that has borne fruit in other branches of medicine and should be encouraged by the Division of Mental Hygiene.

The cost to the state of mental disease cannot be measured by the expenditures in operating hospitals and financing new construction, as this represents but only one aspect of the whole problem, that of the chronic cases and to a large measure those cases which are going to require permanent care and supervision.

One would find it difficult to estimate the cost of poor mental health in terms of dollars where we realize how closely it is related to industrial inefficiency, poverty and crime. A mentally sick person may have been totally incapacitated for years before he enters an institution. The population of our jails and prisons bear witness to the fact that mental instability is the source of much delinquency and crime. Poverty plays an important part both as the result and cause of poor mental health.

It is generally agreed that during the past decade much knowledge has been acquired which has a direct bearing on the precipitating factors concerned with mental breakdowns. First, we have come to appreciate the fact that mental instability is directly concerned with the child's environment and training. Secondly, that every individual has a breaking point and there is a limit to the physical stress and mental strain which he is capable of carrying. Thirdly, that mental disease is often closely associated with poor physical health. Fourthly, that of all people that have been mentally sick at some time or other only a comparatively small per cent require hospital care. If the foregoing statements be true, there is every reason why we should embark upon a Mental Hygiene program with every confidence that much can be expected in the course of the next few years that will benefit directly the citizen of the State both in health and pocketbook.

The task at hand is that of providing the Commonwealth with a clinical service which will have to do with the safeguarding of the mental health of its citizens.

As previously stated a very large per cent of all that type of mental instability that is related to the most devastating social problems, such as crime, industrial inefficiency and poverty, has its foundation in the formative periods of the child's life. Cruelty, jealousy and tempers are the mainsprings of crime. Fears, feelings of inferiority, extreme shyness, lack of self-confidence lead to inefficiency in school, shop or office. The innumerable childish reactions which are carried over into adult life and the fact that the individual has never grown up make the world of reality a place too difficult in which to live, so they retreat to their fantasies, where life is more tolerable, and are called mentally sick.

Adequate clinical service, which implies opportunity for all early and incipient cases of mental disorder to have treatment in out-patient clinics, should be available. It matters not whether the mental illness is detected through failure in school, inability to get on at home, delinquent trends which lead to social difficulties or is associated with some physical illness or accident. No doubt an important aspect of the work in such a clinic would be to educate parents and relatives how to care for many of the minor types of mental problems at home. The public's attitude toward responsibility for a mental case is quite unlike that toward physical disease, due perhaps to the availability of service which the State can and does render. Many of the seniles, arteriosclerotics and mentally defectives are being cared for in a very satisfactory and humanistic way at home. With the advice and supervision that an Out-Patient clinic gives to the families many of these mental infirmities of old age could be cared for at home. This is particularly true in our rural districts.

The greatest need of the Division of Mental Hygiene today is personnel. The difficulty of keeping our personnel after they have once become interested in psychiatric problems is even greater than that of getting them into the field. It is difficult for the State to compete with privately endowed organizations in the matter of salaries. Personnel trained in the Department of Mental Disease regardless of the Division are always at a premium elsewhere and our Massachusetts trained psychiatric social workers and Psychologists are holding down important positions all over the country. If the work in the Division of Mental Hygiene is to expand, if we are to meet the demands from all over the State to provide mental clinics, the whole question of training personnel must be considered very carefully.

We are fortunate in having in Massachusetts a group of men unsurpassed as teachers who would form the nucleus of a training school staff. Many of these men are already directly or indirectly associated with the activities of the Division of Mental Hygiene. We have the Psychopathic Hospital and our schools for the mentally deficient within easy reach. The habit clinics for the children and our school clinics provide exceptional opportunities for the clinical demonstrations for such a course. The professorships of Harvard, Boston University and Tufts are held by men serving the Department of Mental Diseases. I would, therefore, recommend that the Commissioner appoint a committee for the training of personnel to take up the question of organizing a course which would meet the needs of our present situation and anticipate what should be done for the future. Such a course of training would attract many from without the State of Massachusetts and one might naturally expect that their interest in our institutions and the application that is being made of psychiatry to the solution of social problems would induce them to seek opportunities for work here.

The director feels very strongly that the time has come when the State should capitalize the knowledge already available regarding the preventive aspects of mental disease, and that research of a pathological, physiological and clinical nature should be encouraged.

Respectfully submitted,

DOUGLAS A. THOM, *Director.*

REPORT OF THE DIVISION FOR THE PSYCHIATRIC EXAMINATION OF PRISONERS.

To the Commissioner of Mental Diseases:

The Director of the Division for the Psychiatric Examination of Prisoners herewith submits his annual report for the year ending November 30, 1928.

During the time covered by this report the organization of the Division has remained substantially as before, as has the manner of dealing with individual cases. The central office has remained at 11 Beacon Street, Boston, with District offices in Salem, Springfield, Taunton, and Worcester, each of the latter being in charge of a district psychiatrist.

During the year 1,186 records have been completed. Of these records, three copies have been forwarded to the Department of Correction, which has in turn sent

two copies to the Commission on Probation. The total number of cases completed is now 5,745. The number of cases examined has been somewhat smaller than in previous years on account of vacancies which have existed in the personnel and which it has not been feasible to fill immediately.

As in previous years, it has been impossible with the funds available to examine all of the prisoners contemplated by the Act (Chapter 309, Acts of 1924) under which the Division operates. In a small number of cases, requests have been made by the court or by the authorities at the House of Correction that a certain prisoner be examined, and these requests have been gladly complied with. The decided majority of cases, however, are chosen at random, care being taken to choose only such cases as are likely to remain in the institution a sufficient length of time to permit the requisite data to be gathered and the necessary examinations to be made. In short, the length of sentence is practically the sole criterion, and the group examined is a fair sample of the whole. As has been stated in previous reports, the history as now obtained by the social workers represents the absolute minimum which can be considered adequate for the purposes of the Division. The requirements as to histories being what they now are (and have been since the organization of the Division), any increase in the number of prisoners examined must mean an increase in personnel. Comparatively few prisoners upon whose cases the Division was working have been transferred to other institutions or paroled before the examination was completed. This fact has been due to the invaluable co-operation of the various boards of County Commissioners, the Penal Institution Commissioner of the City of Boston and the Department of Correction of the Commonwealth, who have given notice to the Division of proposed transfers and paroles in time to allow the Division to complete the examination already begun.

On January 1, 1926, the practice was instituted of noting the names of all prisoners reported from the various jails and houses of correction who were identified by this Division as having been previously examined. Up to November 30, 1927, 1,170 such admissions had been noted. During the current year 748 have been recorded, the names of about 50 persons appearing more than once. This number, of course, does not include those admitted under an unrecognized alias or committed to any of the various State correctional institutions. It, therefore, understates the facts. In all, then, 1,918 admissions of persons recognized as having been examined by the Division have taken place. This represents 32.2% of the number of prisoners examined to date. The proportion thus found, furthermore, has increased from year to year, being 16½% in 1926 and 25½% in 1927. This situation is worthy of attention, and suggests that either the reports of the Division are not being used by the private and public agencies which later come into contact with the person examined, to the fullest extent, or that the present correctional system (including the legal provisions as well as the institutions) is inadequate to the problem. A study of a group of cases is now being carried on by the Division in an attempt to learn what, if anything, has been done to prevent the ex-prisoner from coming into further conflict with the law, and to what extent the available information has been utilized by the courts before which the individual may have later appeared. This study should serve to show, among other things, in what ways the Division may be of greater service to the courts.

That the records of the Division are of material value is indicated by the fact that during the past year the Commission on Probation has furnished to thirty-three courts reports on 326 persons then awaiting disposition who had previously been examined by the Division. The existence of such a report is made known to the probation officer in every instance, provided he makes inquiry at the office of the Commission as provided by law. By making use of this report he is in a much better position to make recommendations to the court than if he depended upon his own necessarily hurried and brief investigation. The courts are coming to realize more and more fully the desirability of full information concerning the background and mental makeup of the defendant as a prerequisite to intelligent and socially valuable dispositions, and the use of these reports should show a steady increase throughout a larger number of courts. The Deputy Commissioner of Probation, Honorable Herbert C. Parsons, has been untiring in his

efforts to stimulate the probation officers in the use of the reports; his assistance to the Division has been greatly appreciated.

The work of analyzing the data already accumulated still proceeds. Five thousand summary cards have been completed and put in final form for precoding. The code, too, has been finished, and the work of preparing the punch-cards for mechanical tabulation will soon be under way. Much assistance in this matter has been received from Professor E. B. Wilson of the Harvard School of Public Health, and from Doctors Eleanor and Sheldon Glueck of the Harvard Law School Crime Survey.

The project undertaken by the Department of Anthropology of Harvard University in co-operation with the Division over two years ago is still under way, under the direction of Professor Ernest A. Hooton. To date detailed measurements and observations have been made on nearly 17,000 persons, mostly convicted prisoners in this and other states, representing without question the most extensive mass, both geographically and numerically, of criminal-anthropological material ever assembled. A considerable number of these measurements were made on prisoners examined psychiatrically by the Division, so that in their case the social, anthropological and psychiatric data may be correlated. A study of the material collected by Professor Hooton may be expected to yield facts of practical value relating to immigration, race mixture and delinquency.

The Department of Correction continues to use the reports of the Division, endeavoring to carry out the recommendations made. The records are also helpful in deciding matters relating to parole and transfer, and of not infrequent value to the Agent for the Identification of Criminals.

The increasing and intelligent interest of the public in matters relating to delinquency as well as in the general activities of the Department of Mental Diseases continues to be shown by the requests received at the office of the Division for reprints of various articles, and also by invitations to address meetings of various sorts. During the year, the Director has made two radio addresses, and has spoken to thirty-eight groups of interested persons. The desire for the facts shown by the public is refreshing, and may well be an indication that at some time in the future reason will be generally substituted for emotion in dealing with the problem of delinquency.

The Advisory Committee of the Division has held monthly meetings, at which the activities and policies of the Division have been discussed. The advice of the members of this group, made up of leaders in various lines of activity related to the work of the Division, has been most valuable. The personnel of the Committee is as follows: Chairman, George M. Kline, M.D., Commissioner of Mental Diseases; Hon. Sanford Bates, Commissioner of Correction; L. Vernon Briggs, M.D., of Boston; Hon. Frederick Butler of the Essex County Commissioners; Ralph M. Chambers, M.D., Superintendent, Taunton State Hospital and formerly Director of the Division; Hon. Herbert C. Parsons, Deputy Commissioner of Probation; George L. Wallace, M.D., Superintendent, Wrentham State School.

Once more it is the Director's pleasant duty to express to the officials of the State, cities and towns, and to the various private social agencies, the heartfelt thanks of the Division for their courtesy, co-operation and assistance. Among those may be especially mentioned the various boards of County Commissioners, the Penal Institution Department and the Police Department of the City of Boston, the Sheriffs and Masters of the Houses of Correction, the probation officers and the Commission on Probation. The State Departments of Correction, Public Health and Public Welfare have likewise been most helpful. Finally, the Director wishes to express to the Commissioner of Mental Diseases and to the other members of the Advisory Committee his sincere gratitude for their support and advice, which have continued to be, as in years past, a source of profound satisfaction to him in the conduct of his duties.

Changes in personnel follow:

Oscar J. Raeder, M.D., Psychiatrist in Boston District, resigned January 1, 1928.

Mr. Samuel C. Lawrence, social worker, Boston District, granted an extension

of leave of absence of two months to March 1, 1928. Returned from leave of absence March 1, 1928.

Mr. William J. Melea resigned from temporary appointment as social worker March 1, 1928.

Miss Sarah E. Fisher, Principal Statistical Clerk (temporary), left March 14, 1928.

Miss Marion Grant, appointed Principal Statistical Clerk March 14, 1928.

Miss Anne P. Hincks, social worker in Bristol District, resigned May 1, 1928.

Dr. John F. O'Brien, Psychiatrist in Taunton District, put on part-time basis May 1, 1928.

Respectfully submitted,

WINFRED OVERHOLSER, *Director*.

REPORT OF THE DIVISION OF MENTAL DEFICIENCY.

To the Commissioner of the Department of Mental Diseases:

A report of the work of the Division of Mental Deficiency for the year ended November 30, 1928, is respectfully submitted.

The subjects listed below are discussed in this report:—

I. Traveling Psychiatric School Clinics for the Examination of Retarded Children in the Public Schools:

Total Examinations, 1928.

Total Examinations, 1926, 1927, 1928.

Diagnosis of First Examinations, 1928.

Diagnosis of Re-examinations, 1928.

II. Incidence of Retardation.

III. Research in Mental Deficiency.

IV. Publications.

V. Social Service Division.

VI. Community Supervision.

VII. Recommendations.

Graph I. Number of Clinic Examinations, 1915–1928.

Graph II. Accumulative Graph of Clinic Examinations, 1915–1928.

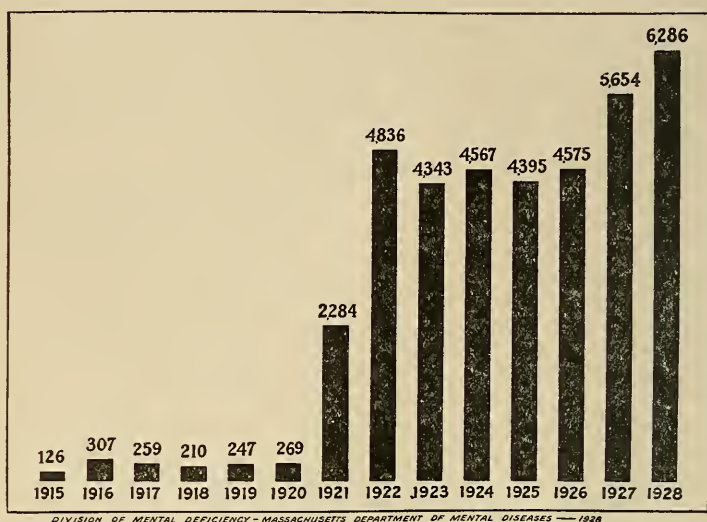
I. TRAVELING PSYCHIATRIC SCHOOL CLINICS.

During the year 1928 a new traveling school clinic was added to the number already in operation. Under the direction of Dr. George E. McPherson, the clinic of the Belchertown State School began to operate in January, 1928, thus making a total of fifteen clinics now covering the State.

The Massachusetts School Clinic System was devised and placed in operation by the late Dr. Walter E. Fernald, who sent out the first traveling clinic from the Waverley School in 1915. Later, in 1917, Dr. George L. Wallace sent out the second traveling clinic from the Wrentham State School. As time went on, however, it soon became evident that these two clinics could not examine all the backward children throughout the entire State, and the formation of additional units became imperative. Dr. Fernald placed the matter before the Commissioner of Mental Diseases, Dr. George M. Kline, and in 1921, as a result of their collaboration, traveling clinics were created to operate from each of the fourteen institutions under the Department of Mental Diseases. Thus, for the first time, an adequate State-wide system of examination was made possible.

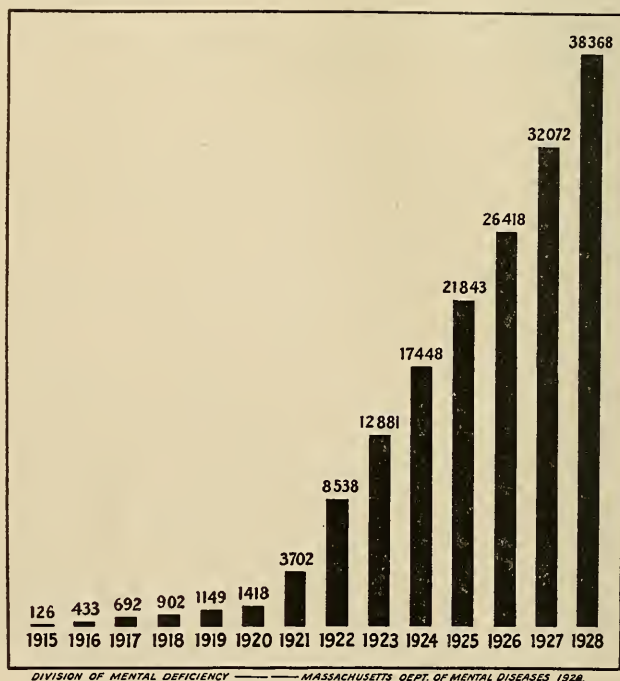
Dr. Kline saw that the withdrawal of a psychiatrist from the medical staffs of the various hospitals was impracticable, and therefore increased the quota of each institution by one physician and one psychologist to carry on this important work. Dr. Payson Smith, Commissioner of Education, took an active part in framing the law relating to retarded children and in outlining and enforcing the school clinic regulations which have contributed so materially to the school clinic system.

The growth in the number of examinations completed by the traveling clinic each year is outlined in Graph I. This shows the humble beginning in 1915, when 126 children were examined, and the steady increase up to 1928, when 6,286 were



GRAPH I. — NUMBER OF CLINIC EXAMINATIONS, 1915 TO 1928.

examined. The striking increase in 1921 is due, of course, to the simultaneous operation of fourteen clinics.



GRAPH II. — ACCUMULATIVE GRAPH OF SCHOOL-CLINIC EXAMINATIONS, 1915 TO 1928.

Graph II outlines the accumulation of examinations. It shows that a total of over 38,000 examinations has been conducted by the clinics during their fourteen years of operation.

In connection with the school clinic work the Director has held numerous conferences with officials of the Department of Education, with school superintendents and school teachers, with clinic psychiatrists, and with special class teachers, in an endeavor to co-ordinate the various activities of the clinics.

Throughout the State there has been a steady increase of interest in the work which is being done by our traveling clinics. Superintendents now welcome any assistance which the clinics can give, and have become enthusiastic supporters of this system of examining retarded children. They were not long in recognizing the fact that the service provided is wholly detached from the local school organization and, as such, can render a test which is impersonal and impartial.

The psychiatrists of the traveling clinics have made a great effort to induce parents to come to the schools and to confer with them following their examinations. Many parents co-operated in this matter, and have come to a better understanding of their children when behavior problems and other difficulties have been interpreted to them by a psychiatrist.

The superintendents of the various State Schools for the feeble-minded recognize the value of the traveling school clinic as an out-patient activity. The service which can be rendered to the community in a diagnosis and placement of backward children in the schools is of incalculable value. Several of the superintendents have been most co-operative in assuming extra territory in which to conduct examinations during the year.

TABLE I. — *Status of Examinations and Recommendations for Special Classes for Year ending November 30, 1928.*

INSTITUTIONS.	TOTAL EXAMINATIONS.		FIRST EXAMINATIONS.			RE-EXAMINATIONS.			NUMBER AND PER CENT RECOMMENDED FOR SPECIAL CLASSES.				PSYCHIATRIST IN CHARGE OF CLINIC.			
	T.	M.	F.	T.	M.	F.	T.	M.	F.	TOTAL.		MALE.		FEMALE.		
										No.	Per Cent.	No.		Per Cent.	No.	Per Cent.
Belchertown	251	159	92	251	159	92	-	-	-	63	21.	36	22.	17	18.	Dr. E. J. Goodale.
Boston	441	254	187	312	182	130	129	72	57	141	32.	71	28.	70	37.	Dr. A. S. Guibord.
Danvers	176	117	59	106	74	32	70	43	27	100	57.	63	54.	37	62.	Drs. C. A. Bonner, L. G. Moulton, L. C. Clay, E. C. Yerbury.
Foxborough	303	206	97	230	160	70	73	46	27	96	31.	56	27.	40	41.	Dr. C. B. J. Schorer.
Gardner	125	88	37	102	69	33	23	19	4	31	25.	16	18.	15	41.	Dr. L. O. Farrar.
Gratton	343	241	102	318	222	96	25	19	6	185	54.	126	52.	59	58.	Dr. A. C. Wellington.
Medfield	510	341	169	344	231	113	166	110	56	286	65.	191	56.	95	56.	Dr. G. Allen Troxell.
Monson	225	132	93	126	70	56	99	62	37	135	69.	90	68.	65	70.	Dr. Lucie G. Forrer.
Northampton	1,000	662	338	775	509	266	225	153	72	547	55.	353	53.	194	57.	Dr. Harriet W. Whitney.
Psychopathic	141	98	43	89	59	30	52	39	1	8	5.	6	6.	2	4.	Dr. Mary Palmer.
Taunton	360	233	127	300	189	111	60	44	16	277	77.	170	73.	107	84.	Dr. H. Sinclair Tait.
W. E. Fernald	1,492	931	561	1,312	806	506	180	125	55	857	57.	514	55.	343	61.	Dr. E. S. B. Woodvard.
Westborough	85	55	30	85	55	30	-	-	-	49	58.	29	53.	20	67.	Drs. Hadley and Yerbury.
Worcester	197	129	68	94	68	26	103	61	42	79	40.	41	32.	38	54.	Drs. H. B. Moyle and S. S. Ackersley.
Wrentham	637	435	202	472	321	151	165	114	51	307	58.	248	57.	119	59.	Dr. A. M. Patterson.
Total	6,286	4,080	2,206	4,916	3,174	1,742	1,370	907	463	3,231	51.4	2,010	49.2	1,221	55.2	
Per cent	100.	100.	100.	78.1	77.7	79.	21.8	22.2	20.9							

Dr. E. J. Goodale.
 Dr. A. S. Guibord.
 Drs. C. A. Bonner, L. G. Moulton,
 L. C. Clay, E. C. Yerbury.
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 Dr. H. Sinclair Tait.
 Dr. E. S. B. Woodward.
 Drs. Hadley and Yerbury.
 Drs. H. B. Moyle and S. S. Ackerley.
 Dr. A. M. Patterson.

Table I outlines the names of the psychiatrists who conduct the school clinic examinations, and the hospitals with which they are associated. The work of these physicians has been done in a very excellent manner. The various problems which are presented to them are trying and difficult at the best, and the manner in which they have carried out these assignments has earned the praise and commendation of all concerned. We must not forget that the diagnosis of mental deficiency in a child is an extremely serious matter, both to the child and to his parents. The physicians who carry out this work may be considered as pioneers in a new field. They must assume the difficult task of demonstrating the place of psychiatry in education. That the need for psychiatry in relation to the public school system is a real one has been amply shown by the results of the operation of the clinics over the past fourteen years.

Based on estimates of expenses for the year, it was found that the average cost of each examination was \$5.50.

Total Examinations during 1928.

Table I also shows that a total of 6,286 examinations were made during the year 1928. This is an increase of 648 cases, or 11.5%, over the year 1927. Of these examinations, 4,916 were first examinations, and 1,370 were re-examinations. Of the total examinations we find that 3,231, or 51%, were recommended for special classes. In other words, there were over 3,000 children recommended for special classes in Massachusetts during a *single school year*. As the total of special classes for the entire State is now approximately 6,500, we can see the tremendous need for additional special class provision.

There are several interesting sex differences demonstrated in Table I. In the first examinations the boys outnumbered the girls in a 1.8 : 1 ratio. In re-examinations, the ratio is 1.9 : 1. In the number recommended for special class the ratio is 1.7 : 1. While the differences are not great, there are fewer boys recommended for special classes than should be the case in proportion to the total number examined. This brings up the point as to whether or not the backwardness of the boys presented for examination is wholly dependent upon mental retardation.

TABLE II. — *Number of Examinations Conducted for the Years 1926, 1927 and 1928.*

INSTITUTIONS.	1926.	1927.	1928.
Belchertown	—	—	251
Boston State	355	527	441
Danvers	162	132	176
Foxborough	300	431	303
Gardner	122	58	125
Grafton	66	—	343
Medfield	70	298	510
Monson	384	398	225
Northampton	708	876	1,000
Psychopathic	271	121	141
Taunton	90	230	360
Walter E. Fernald	1,411	1,413	1,492
Westborough	—	26	85
Worcester	110	402	197
Wrentham	603	726	637
Total	4,652	5,638	6,286

Total Examinations, 1926, 1927 and 1928.

Table II gives a comparison of the numbers examined over the last three years. The number of examinations increased from 4,652 in 1926, to 5,638 in 1927, an increase of 986 or 21%; and from 5,638 in 1927 to 6,286 in 1928, an increase of 648, or 11%. These clean-cut increases demonstrate the growing interest of educators in the school clinic movement, and show an increased tendency to make use of the clinics.

Diagnosis of First Examinations.

Table III records the mental diagnosis of first examinations, with particular reference to the factor of intelligence. The distribution of I. Q. groups is given. In interpreting this table, it must be recalled that the decisions are not based entirely upon the mental tests. A diagnosis of mental deficiency which has been based wholly upon a mental test is not only faulty but dangerous. Such a diagnosis is a psychiatric problem and can never be regarded otherwise. The psychiatrist bases his decision on recommendations gathered from a very complete survey of the child's history and life. We need a complete picture of the various characteristics and reactions of the child to be able to make a diagnosis that is going to mean anything. We cannot say that retardation in school is produced by any one picture. It is the result of a sum total of the personality, characteristics and environmental stresses, and the accurate interpretation of these points is a very serious matter.

Again, Table III shows a very interesting sex difference in the numbers falling in the feeble-minded groups. We find that of the total first examinations of boys, 39% were feeble-minded, while 52% of the girls would fall in this category. That is, there are more girls being diagnosed feeble-minded than boys. It must not be forgotten that there were approximately twice as many boys examined as girls.

It will be observed that, in approximately 9% of the first examinations, diagnosis was deferred. This brings out the conservatism of the psychiatrist in being unwilling to make a definite diagnosis in approximately 10% of their cases. This means that very little injustice is being done to the children coming up for the examinations. If the psychiatrist has any doubt about the matter he simply defers his diagnosis and indicates that the child should return for another examination on the following visit of the clinic.

An interesting fact occurring on Table III is that the average I. Q. of boys coming up for examination was .70, while that of the girls was .67. It will be observed that the boys predominate in the higher intelligence groupings quite uniformly. This would seem to infer that the boys are brighter than the girls. However, before coming to this conclusion we must recall that there were approximately twice as many boys as girls referred in the first place. This situation plunges us more or less into the realms of hypothesis. If we assume that we are having all of the retarded boys and assume the mental equality between the sexes, it is obvious that we are not getting all of the retarded girls for some unknown reason. Apparently we are missing many of the girls with higher I. Q.'s who should be retarded. Is there less retardation and mental defect among the girls? It is apparent that girls with the higher I. Q.'s are succeeding in school classes, and relatively few are coming to our clinics. In other words, to be retarded a girl must be in the lower I. Q. group, yet a boy may have an I. Q. of any range and not succeed in his classes.

Diagnosis of Re-examinations.

In Table IV we have the distribution of intelligence quotients of cases coming up for re-examination during the year. When the clinics return to the schools for their annual visit the superintendents select certain cases for re-examination. This selection may be due to several factors. The child may be having difficulties in the special class and show certain retrograde mental changes. On the other hand, the child may have shown marked improvement in special class and the superintendent may feel that there is a possibility of his succeeding in regular class work. Again, there may be new factors such as conduct disturbances, which may cause the superintendent to seek new advice. It has been mentioned before that the clinic psychiatrists are extremely conservative in making their diagnosis, and annually defer diagnosis in 9% of their first examinations. This number, of course, goes to swell the total of re-examinations, and, in fact, constitutes a large part of the re-examinations.

It might be said here that children are very rarely referred for a second examination because of conduct disturbances when they have once been placed in a special class. Children having a great deal of difficulty in the regular classes show a very favorable reaction, in general, when placed in classes suited to their respective mental ages. Repeatedly we are given examples by superintendents of cases which have had their entire behavior pattern made over by the simple factor of being placed in a special class. The conduct disorders of these children simply disappear when they are no longer subjected to the regular strains and stresses of regular class work.

Table IV shows the consistent sex difference in the numbers falling in the feeble-minded group. The boys made up 50% of the re-examinations considered as feeble-minded, while the percentage of girls was 62. This is consistent with the findings in the first examinations, which also showed more girls in the feeble-minded group than boys. In the re-examinations there is a reduction to 3% in the number of diagnosis deferred. This figure for the first examinations was approximately 9%. We see again the conservatism of the psychiatrists in being unwilling to diagnose a child as feeble-minded even after a second examination. This, of course, does not mean that the placement of this child is not attended to immediately.

TABLE V. — *Percentage Distribution of First Examinations into Intelligence Quotient Groupings.*

	.—70.	.70—.79.	.80—.89.	.90—1.09.	1.10+.	De- ferred.	Total.	Mean Intel- ligence Quotient.
Male . . .	40	25	17	7	.3	10	100	.70
Female . . .	51	24	13	5	.2	6	100	.67
Total . . .	44	24	16	6	.3	9	100	.69

Re-examinations.

	50	26	14	5	.2	4	100	.67
Male . . .	63	27	6	1	—	2	100	.63
Female . . .								
Total . . .	55	26	11	4	.1	4	100	.66

Table V gives us a percentage comparison between the intelligence quotient distributions for the first examinations and re-examinations. The number of boys considered as feeble-minded in the first examinations was 39%, in the re-examinations, 50%. For the girls the percentage increased from 52% to 62%. It is to be expected, of course, that the re-examinations would be more necessary in the cases of low mental grade. The average intelligence for both sexes, of first examinations, was .69, while the average for re-examinations was .66.

TABLE VI. — *Diagnosis of School Clinic Examinations for the Years 1926, 1927 and 1928.*

	Feeble-minded (— .70).	Border-line (.70—.79).	Dull (.80—.89).	Average (.90—.1.09).	Superior (1.10+).	Diagnosis Deferred or Un- known.	Total.	Mean.
1926 { Number	2,078	1,307	567	297	33	370	4,652	70.1
Per Cent	44.6	28.0	12.1	6.38	.7	7.9	100.	—
1927 { Number	2,721	1,486	699	298	8	426	5,638	66.8
Per Cent	48.2	26.3	12.3	5.2	.1	7.5	100.	—
1928 { Number	2,896	1,563	927	383	18	499	6,286	68.1
Per Cent	46.1	24.9	14.7	6.1	.2	7.9	100.	—

Table VI concerns the total intelligence distributions for the three years 1926, 1927 and 1928. The average intelligence quotient for 1928 is 2 points over that of 1927. It may be of interest to state that, during the several years' operation of the clinics, there has been a steady increase in the average intelligence quotient of children coming up for examination. The study of the case record material reveals the fact that increasing numbers of children are being referred because of behavior difficulties or conduct disorders, rather than a deficiency in the sphere of intelligence. The average intelligence of those examined for 1928 was .68, which means that there were large numbers of cases above .70 being referred for examination. One of the greatest values of the clinic is showing itself in the need for discriminating psychiatric diagnosis which does not base its decision wholly upon intelligence. We see again and again that we must consider the child as an entity and not simply as being deficient in intelligence, solely. The entire life of the child must be considered, and particularly his adaptation to the educational process and the social contacts which he has to make with other children.

TABLE VII. — *Number of Towns in which School Clinics Were Conducted during the Years 1926, 1927 and 1928.*

	TOWNS PREVIOUSLY EXAMINED.			TOWNS ADDED DURING YEAR.			TOTAL TOWNS EXAMINED DURING YEAR.		
	1926.	1927.	1928.	1926.	1927.	1928.	1926.	1927.	1928.
Belchertown School	—	—	—	—	—	4	—	—	4
Boston Hospital	2	3	2	—	—	1	2	3	2
Danvers Hospital	5	8	6	2	1	1	7	9	7
Foxborough Hospital	6	13	13	1	—	1	7	13	14
Gardner Hospital	10	8	11	1	1	1	11	9	12
Grafton Hospital	2	—	10	—	—	—	2	—	10
Medfield Hospital	2	4	6	—	1	1	2	5	7
Monson Hospital	3	4	3	1	—	—	4	4	3
Northampton Hospital . . .	16	32	36	24	2	—	40	34	36
Psychopathic Hospital	1	1	1	—	—	—	1	1	1
Taunton Hospital	3	3	13	1	16	2	4	19	15
Walter E. Fernald School . . .	15	17	22	3	8	2	18	25	24
Westborough Hospital	—	1	1	—	—	2	—	1	3
Worcester Hospital	3	11	7	2	15	—	5	26	7
Wrentham School	9	10	10	1	3	1	10	13	11
Total	77	115	141	36	47	15	113	162	156

Table VII shows the progress the clinics have made in adding new territory during the year 1928. Examinations were conducted in 156 cities and towns. 141 of these had been previously visited and 15 were new towns having had no previous examination by one of our clinics.

II. INCIDENCE OF RETARDATION.

Table VIII gives the number of children diagnosed as mentally defective and not mentally defective (retarded) in the 156 towns visited by the clinics during 1928. Only first examinations are included so that we may consider the material as demonstrating the new cases of retardation which occurred during the year in the towns surveyed. Columns 9, 10 and 11 give the percentages of school population referred to the clinics for both sexes, based upon the average attendance for 1928¹ at the public schools of the towns concerned. It should be noted that these percentages record the number of cases diagnosed as mentally defective and retarded in a single year.

The figures for the totals show that 1.56 per cent of the school population were referred to the clinics for examination because of retardation in school classes during 1928. .67 per cent of these were diagnosed as mentally defective, and .89 per cent as not mentally defective (retarded). Columns 4 and 5 show the number of special classes provided by the towns and the number of children in these classes for 1928. Column 6 gives the percentage of the total school population of the individual towns being cared for in special classes. The totals reveal that, in schools maintaining these classes, 1.23 per cent of the school population in grades I to IX were members therein in 1928.

¹ The Division is indebted to Mr. A. B. Lord of the Department of Education for the statistics on school population, number of special classes, etc., for 1928.

TABLE VIII. — *School Population; Number of Special Classes; Number of Children in Special Classes; Number of First Examinations of Retarded Children; Percentage of School Population (a) in Special Classes, (b) referred to Psychiatric Clinics, for the Year 1928 by Clinic and Town.*

(1)	(2)	(3)	(4)	(5)	(6)	(7)						(8)			(9)				(10)	(11)	8 ÷ 3
CLINIC.	Town.	School Population, Grammar Grades.	Number of Special Classes.	Number of Children in Special Classes.	Per Cent of School Population in Special Classes.	FIRST EXAMINATIONS BY TRAVELING CLINICS.						PER CENT OF SCHOOL POPULATION, 1928.									
						MENTALLY DEFECTIVE.			NOT MENTALLY DEFECTIVE.			Referred to Clinics as Retarded.	Diagnosed as Mentally Defective.	Diagnosed as not Mentally Defective (Retarded).							
						M.	F.	T.	M.	F.	T.										
Belchertown	Amherst	941	1	18	1.91	11	12	23	35	14	49	.76	.24	.52							
	Conway	165	—	—	—	6	6	12	3	—	3	3.01	1.22	1.81							
	South Hadley	1,083	2	2	.18	19	9	28	36	25	61	6.67	1.09	5.58							
Boston State	Ware	1,068	2	23	2.15	19	9	28	48	25	73	.94	.26	.68							
	Everett	7,485	9	93	1.24	8	10	18	64	48	112	1.73	.24	1.49							
	Somerville	12,997	6	74	.57	17	15	32	93	57	150	1.48	.26	1.22							
Danvers	Amesbury	861	1	10	1.16	2	1	3	3	2	5	.93	.34	.58							
	Billerica	999	1	16	.60	—	—	—	2	3	5	.50	—	.29							
	Dracut	1,361	1	12	.88	11	1	12	2	2	4	1.17	.88	.10							
Foxborough	Peabody	2,951	1	19	.64	4	4	8	2	1	3	.37	.27	.27							
	Peabody	3,411	1	7	.20	8	1	9	34	14	48	1.67	.26	1.41							
	Swampscott	1,237	1	17	1.37	3	2	5	—	—	4	.40	.40	2.38							
Foxborough	Tyngsborough	168	1	12	7.14	—	—	—	3	1	4	2.38	—	—							
	Bellingham	583	—	—	—	8	3	11	5	1	6	2.92	1.89	1.03							
	Brantree	2,617	3	16	.61	6	4	10	6	—	6	.61	.38	.23							
	Bridgewater	1,330	1	—	—	1	1	2	3	—	3	3.76	1.50	2.26							
	Canton	571	—	—	—	—	—	—	9	2	11	1.92	—	1.92							
	East Bridgewater	598	—	—	—	1	—	1	4	4	15	2.67	.16	2.51							
	Foxborough	743	—	—	—	1	—	4	10	2	12	2.15	.54	1.61							
	Mansfield	1,165	1	11	.94	2	3	5	6	—	6	.94	.43	.51							
	Mendon	149	—	—	—	—	—	—	1	—	1	1.34	.67	.67							
	Milton	2,161	1	14	.64	3	4	7	20	7	27	1.57	.32	1.25							
	Needham	1,685	—	—	—	8	2	10	6	1	7	1.08	.60	.42							
	Norwood	2,714	2	28	1.03	9	9	18	21	13	34	1.91	.66	1.25							
	Stoughton	1,103	1	21	1.90	1	1	1	5	4	9	.91	.09	.82							
	Walden	1,323	1	15	1.13	2	2	3	5	—	5	.60	.22	.38							
	Weymouth	3,028	—	—	—	—	4	1	8	6	—	7	.49	.26	.23						

Gardner	Athol	1,753	1	27	1.53	-	1	1	1	6	3	9	1.57	.06	.51
	Dana	81	-	-	-	-	1	-	1	6	1	1	1.23	-	1.23
	Fitchburg	3,860	1	17	.44	2	3	5	6	4	1	2	1.81	1.29	1.52
	Gardner	1,961	-	-	-	5	1	6	2	4	-	4	1.51	1.33	.92
	Gill	185	-	-	-	1	1	2	2	2	1	3	2.70	1.08	1.62
	Greenwich	32	-	-	-	-	-	-	-	2	1	2	6.25	-	6.25
	Orange	766	-	-	-	-	-	-	-	1	1	1	.13	-	.13
	Phillipston	50	-	-	-	1	2	3	4	1	6	6	2.00	2.40	2.00
	Royalston	125	-	-	-	6	12	18	27	6	5	32	7.20	4.69	4.80
	Templeton	685	-	-	-	-	-	-	-	-	-	6	7.30	2.61	4.69
	Winchendon	1,016	-	-	-	-	-	-	-	-	-	-	.59	-	.59
Grafton	Belmont	2,908	1	9	.30	4	1	5	6	6	3	9	.48	.17	.31
	Concord	859	1	16	1.86	3	3	6	13	13	5	18	2.80	1.70	2.10
	Groton	353	-	-	-	4	3	7	8	6	6	14	5.95	1.98	3.97
	Hudson	855	-	-	-	8	3	11	12	4	4	10	2.46	1.29	1.17
	Lancaster	277	-	-	-	3	3	12	12	6	-	12	5.42	1.08	4.34
	Lexington	1,741	3	59	3.38	9	3	12	25	25	21	46	3.33	.69	2.64
	Maynard	1,368	-	-	-	13	3	12	12	12	4	16	2.20	1.02	1.18
	Natick	2,354	1	11	.46	9	3	8	19	19	4	23	1.32	.34	1.18
	Northbridge	1,317	2	25	1.89	5	3	15	47	47	21	68	6.31	1.14	5.17
	Stow	181	-	-	-	4	2	6	12	12	3	15	11.60	3.32	8.28
Medfield	Bedford	332	-	-	-	1	1	2	6	6	4	10	3.61	.61	3.00
	Medford	8,743	7	97	1.11	17	7	24	40	40	9	49	.83	.27	.56
	Melrose	2,789	4	54	1.93	7	17	24	66	66	19	85	3.92	.86	3.06
	Stonham	1,242	2	40	3.22	3	4	7	42	42	23	65	5.78	.56	5.22
	Weston	317	-	-	-	3	1	4	3	3	-	3	2.20	1.26	.94
	Winchester	1,672	2	28	1.67	1	1	1	3	3	3	6	.42	.06	.36
	Woburn	3,105	2	22	.70	18	16	34	22	22	8	30	2.06	1.09	.97
Monson	Chicopee	5,881	4	70	1.19	10	5	15	9	9	6	15	.50	.25	.25
	Palmer	1,804	3	58	3.21	6	3	9	17	20	18	35	2.44	.50	1.94
	West Springfield	2,966	5	68	2.29	8	9	17	20	20	15	35	1.75	.57	1.18
Northampton	Belchertown	372	-	-	-	13	17	30	5	5	1	6	9.67	8.06	1.61
	Buckland	225	-	-	-	3	3	6	3	3	-	3	4.00	2.66	1.34
	Dalton	637	-	-	-	9	1	10	9	9	4	13	3.62	1.58	2.04
	Easthampton	1,269	1	10	.78	12	6	18	5	5	-	5	1.82	1.43	.39
	East Longmeadow	590	1	12	2.03	18	5	23	6	6	1	7	5.10	3.00	1.20
	Egremont	69	-	-	-	2	1	3	-	-	-	-	4.35	4.35	-
	Enfield	98	-	-	-	10	1	11	-	-	-	-	11.22	11.22	-
	Granville	35	-	-	-	7	5	12	5	5	7	12	25.26	12.63	12.63
	Great Barrington	999	1	16	1.60	15	8	23	3	3	1	4	2.70	2.30	.40
	Greenfield	2,571	2	27	1.05	24	10	34	22	22	7	29	2.45	1.32	1.13
	Hampden	107	-	-	-	11	7	18	-	-	2	2	18.71	16.90	1.81
	Huntington	270	-	-	-	-	1	1	4	4	2	6	2.59	.37	2.22
	Longmeadow	738	-	-	-	6	-	6	3	3	2	5	1.49	.81	.68
	Montague	1,320	2	16	1.21	17	-	24	14	14	4	18	3.18	1.81	1.37
	North Adams	2,581	6	76	2.94	86	60	146	45	45	21	66	8.20	5.65	2.55

The per cent of the total school population becoming retarded in 1928 (Column 9) does not measure the amount of retardation in the particular schools. On the surface it appears that some schools have less retardation than others, and this might lead to a lively discussion on the possible causes of the observed differences. The percentages under consideration, however, are an indication of the interest in special class work of the individual superintendent. If only a small number of retardates are referred to the clinics by the superintendent, that particular town will have little *known* retardation for that year. One way of keeping the number of retardates at a minimum is to pass pupils on to higher grades after they have had two failures. In this way few children become three years retarded, and it is not necessary to refer them to the examining clinics. Thus, in the long run, we may say that in certain towns the higher rates for retardation indicate that the superintendents are referring for examination all the retardates in their particular school systems.

The above figures show the importance of mental retardation in our public school system. The figures for a single year are impressive. They show that mental defect and retardation are serious problems in the field of education and must be carefully considered in organizing a curriculum suited to *all* pupils in the schools. These figures are minimum. They record, in the main, children who are three or more years retarded in school classes. They do not record *all* of the mental defectives or retardates in the school systems.

Turning from the field of education to that of biology, we may discuss the part to be played by these children as the parents of future generations. We may wonder at the future problems of adjustment, and possibly support, which will follow inevitably if these retarded children are not sympathetically handled and painstakingly trained.

III. RESEARCH IN MENTAL DEFICIENCY.

In October, 1926, the Division inaugurated a research project in mental deficiency, based on the large number of school clinic examinations which had accumulated. In December, 1926, a research worker was obtained to carry on this project. The worker visits the various institutions and records the findings of the various school clinic examinations. A code has been elaborated and a code sheet printed which enables us to record a great deal of information in a small space. The Director of the Division presented a paper before the American Psychiatric Association at Minneapolis, in June, 1928, entitled "Order of Birth and Size of Family, Survey of 10,455 Retarded Children in the Public Schools of Massachusetts." This analysis showed quite definitely that families having a retarded or mentally defective child are more than maintaining themselves in the general population. Other papers based on this material are listed under "Publications."

IV. PUBLICATIONS.

The following articles were published during the year 1928 by the division:

- DAYTON, N. A. — Survey of Retarded Children in Public Schools of Massachusetts. *Am. Jour. Psychiat.*: VII: 809-832. March, 1928.
- DAYTON, N. A., and DOLAN, H. H. — The Trend in Legal Forms Used In Admitting Patients to the Danvers State Hospital. *N. E. Jour. Med.* 199: 764-766. October 8, 1928.
- DAYTON, N. A. — Mental Deficiency and Other Factors that Influence School Attendance. *Ment. Hyg.* XII, 794-801. October, 1928.
- DAYTON, N. A. — Height, Weight and Intelligence Relationships in 3,553 Retarded School Children. *N. E. Jour. Med.* 199: 934-938. November 8, 1928.

V. SOCIAL SERVICE DIVISION.

The three workers of the Social Service Department of the Division have carried on the work of supervising the committed community cases, and in addition have carried on many other activities. We have continued to investigate the applications for admission to the Walter E. Fernald State School and the Wrentham State School. A total of 204 cases were referred from the former, and 163 from

the latter. The demand for admissions to the schools has increased steadily over the past few years. We feel that the information which our workers have obtained has aided the superintendents materially in selecting cases which were really urgent in needing admission. In view of the many difficulties which arise in connection with admitting new cases, new information which permits of a finer selection is of inestimable value.

Table IX summarizes the work of the Social Service Division for the year 1928. A total of 1,288 visits were made during the year, and an aggregate of 504 cases came under the jurisdiction of the Social Service Department.

TABLE IX. — *Statistical Survey of Cases — Division of Mental Deficiency, Social Service, 1928.*

I.	
Cases carried over from Nov. 30, 1927:	
Committed cases	7
Voluntary cases	86
Pending cases	5
	98
Cases from Wrentham State School (Original List)	66
	164
Cases referred during year:	
Walter E. Fernald State School	204
Wrentham State School	163
Committed to Division of Mental Deficiency	11
Other sources	27
	405
Duplicate names	66
	339
	503
II.	
Eliminations (mainly from lists sent in by State Schools):	
Cases in care of other Institutions	4
Ex-patient	7
Cases outside of territory	8
Cases admitted to institution	36
Cases of Epilepsy	3
Insane patients	4
Cases in which admission to institution promised	3
Delinquent cases	5
Cases in care of public agencies	39
Cases in care of private agencies	15
No identifying information	23
Cases of high Intelligence Quotient	3
Idiotic (not supervisable)	6
Cases handled by Department Doctors	15
	171
Total eliminations	171
III.	
Number of cases:	
Committed to Division of Mental Deficiency	2
Voluntary Supervision	48
(Committed) closed	2
(Voluntary) closed	32
Investigation	26
Miscellaneous service	163
Pending	57
	330
Status, December 1, 1928:	
Number of committed cases	7
Number of voluntary cases	102
Number of pending cases	57
	166
IV.	
Summary of Visits (all purposes):	
M. B. Dyar, number of visits	725
H. Fagan, number of visits	438
C. T. Stahl, number of visits	125
	1,288

Owing to illness Miss Stahl was able to work but three months during the year.

VI. COMMUNITY SUPERVISION.

Under Section 1 of Chapter 88, Acts of 1924, a plan was made possible for the community supervision of mental defectives. These cases are committed directly from the community to the Department without the necessity for institutional care. During 1928 two new cases were placed under our care, two were discharged and 7 remained under care at the end of the year.

We feel that development of the greatest possibilities of community care has not been attained at the present time, owing to the fact that we have no financial provision to provide support for cases under commitment. This narrows our field somewhat and makes it necessary that we select only cases that are self-supporting. However, we have extended this service to many individuals who have not been committed to the Department, and have been of material assistance to other agencies in supervising community cases. We find a definite need for the temporary supervision of individuals who are going through trying periods of adjustment and who do not need permanent assistance. Our service to agencies and individuals has been continued through conferences, investigations and advice in reference to particular problems.

In spite of its prevalence, it is surprising to observe the lack of real understanding of mental defect that exists on the part of agencies and workers who have had more or less contact with mental defectives. A fact which is constantly coming to the attention of the Division is the ever-increasing demand for admissions to our State Schools. Present day success means an ever-increasing pace. Under such circumstances it is inevitable that those who are insufficiently equipped by nature or by training are going to have difficulties in making an adjustment. This means that year by year the mental defective finds it a greater struggle to become a success. While the United States was largely an agricultural community, and the day laborer was at a premium, the mental defective had half a chance to succeed. Today, with the transition from agricultural pursuits to manufacturing, competition has become much keener and the mental defective is unable to keep his place. He is coming to our notice more and more in the public schools, and it is becoming more and more difficult to find him a position in which he can be successful in later life.

In the future we may expect to have to deal with this problem in ever-increasing proportions. Governments will have to assume the function of caring for a portion of their mental defectives practically throughout their lives. If they are to be successful in the community they must have intensive training from an early age. They must have the means of earning a livelihood before conduct disorders become entangled with their mental defect. In all probability we will be forced to organize a state-wide organization for the supervision of mental defectives in our population. This could best be taken care of by local agencies, as they have the advantage of being able to meet the individual problems at the time they arise. Many of the problems arising at the present time are due to the fact that we are in an unsettled period. For a good many years there was little public recognition of mental defect. As a result of the public indifference, mental defect was not discovered until comparatively advanced ages. Many mental defectives did not come to the attention of the authorities until they became conduct problems in the later years of puberty. As a result, the greater part of our institution population was made up of older mental defectives. Over the past ten years we have seen an increased interest in the early diagnosis and placement of our backward children. The activities in the public schools have given us a new insight into the size of our problem. At present we have not begun to feel the good effects of this intensive training of defectives in the public school system. Our main problem at present, therefore, is dealing with the older defectives who are facing the keener competition of present-day life, untrained and unprepared. We can feel that the younger mental defectives now in the grades will have a far better chance, and that the future will show fewer losses from this group of children. The intensive training of the retarded child in a special class in a public school will do much to continue these children in community life and render unnecessary their placement in a State School.

At the present time we have no means of measuring the number of mental defectives actually in our midst. However, we can provide these unfortunates with the necessary training to enable them to go out into the world and take their place among other wage earners. For the moment disregarding pathological cases, we can say quite confidently that conduct disturbances and personality deviations in mental defectives will be observed in exact proportion to the training and supervision provided for them. The mental defective is not a definite type of individual. He is very much like every one else in the world. He tries his best to conform to accepted social usages. If he is successful in earning his living we seldom hear of him. If he is unsuccessful, his reaction is in serious doubt. By providing suitable training and a certain amount of supervision we can be reasonably sure that a great number of mental defectives will have little difficulty in maintaining a place among our self-supporting and self-respecting citizens.

VII. RECOMMENDATIONS.

Over the past two or three years a definite tendency has been noted for school superintendents to refer to our clinics those cases that showed no evidence of retardation. The school authorities have certain cases which show adjustment difficulties or personality deviations that render it difficult for the child to continue in the school grades. Many of the superintendents come to our school clinic psychiatrists with these problems and, if it is possible to gain the permission of the parents, the clinics examine the cases. However, the regulations directing the clinic activities state definitely that only retarded children shall be examined.

It is recommended by the Director that the scope of the psychiatric school clinics be extended, and that they assume the prerogatives of a habit clinic in addition to their present activities. There are great possibilities here in rendering to the community a service which is extremely valuable, and one for which there has been a steadily increasing demand. It is suggested that the clinic psychiatrists be given special training in habit clinic work, and that the traveling clinic personnel be instructed in the details of this particular field of endeavor.

It is suggested that sufficient funds be made available to the Division for the purpose of maintaining individuals committed directly to the Division of Mental Deficiency. At the present time, we are greatly handicapped in this activity by being forced to select individuals who are self-supporting. This narrows the purpose of the Division work to a serious degree. The number of mental defectives who never require temporary assistance over a period of economic stress is few indeed. While the Division at all times attempts to find positions for committed cases, the scope of its work would be widened and its usefulness markedly increased if a sum of money were made available as described.

It has become evident that we are in serious need of follow-up work on certain cases examined by our school clinics. This need divides itself into two parts: (1) Follow-up of retardates while in school, and (2) Follow-up of retardates after leaving school. In the first group there are many cases that need active follow-up work in the home particularly. We find that the school authorities are very co-operative in carrying out our recommendations, but it is difficult to obtain the same degree of co-operation from the parents unless someone preserves the contact and sees that the recommendations of the psychiatrist are carried out. It is not necessary to keep in touch with all cases examined, but there are certain families and children that are in very great need of this service.

In the second group, we find many children who very definitely need social supervision after they leave school. The retarded or mentally defective child has sufficient difficulties while actually within the school. However, when he leaves school these difficulties increase tenfold. It is during this period, when the child is between the ages of 16 to 20, that his economic efficiency and social adjustments are, to a large degree, determined. Children of the latter group are in particular need of supervision and advice during this trying period. They are rather easily discouraged and, when they meet the rebuffs of the world, are unable to deal with them. For a mental defective, the easiest way out is to stop making an attempt to secure employment and to drift along at the expense of relatives or friends. The Director

Visits to relatives of patients and others for investigation:

By outside visits	6,178	
By office calls	1,207	
By telephone	1,502	
	<u>8,887</u>	
Cases submitted for deportation to the U. S. Commissioner of Immigration	64	
Cases submitted for deportation by the Department	122	

Support Cases, not including Ex-Service Men of the World War.

Cases pending, November 30, 1927	441	
New cases	4,000	
	<u>4,441</u>	
Made reimbursing	1,362	
Accepted as State charges	2,521	
Pending November 30, 1928	558	
	<u>4,441</u>	

Reimbursing Cases.

Cases remaining in hospitals, November 30, 1927	2,461	
New cases	1,411	
	<u>3,872</u>	
Died	445	
Discharged or on visit November 30, 1928	696	
Dropped — accepted as State charges	181	
Transferred to other institutions	36	
Accepted by U. S. Veterans' Bureau	29	
Remaining in Hospitals, November 30, 1928	2,485	
	<u>3,872</u>	

Cases of Ex-Service Men of the World War considered by the U. S. Veterans' Bureau for Support between November 30, 1927, and November 30, 1928.

Cases remaining November 30, 1927, in hospitals	90	
Returned from visit	1	
New cases	79	
Reopened cases	19	
	<u>189</u>	
Died	4	
Discharged or on visit	158	
Transferred to other State Institutions	13	
Rejected	3	
Made reimbursing	4	
Remaining in hospitals, November 30, 1928	7	
	<u>189</u>	
Ex-Service men actually in hospitals November 30, 1928	340	
Cases chargeable to the Veterans' Bureau	7	
Cases not yet chargeable (rejected or pending)	333	
	<u>340</u>	

Attorney General Cases.

Cases pending in the office of the Attorney General, November 30, 1927	43	
Reported during the year	26	
	<u>69</u>	
Cases closed during the year	17	
Cases pending November 30, 1928	52	
	<u>69</u>	

Receipts for Support of Reimbursing Patients.

HOSPITALS.	Year ending Nov. 30, 1927.	Year ending Nov. 30, 1928.	Total since Jan. 1, 1904.
Worcester Hospital	\$111,430 57	\$112,603 54	\$933,811 44
Taunton Hospital	88,018 05	81,899 91	687,027 98
Northampton Hospital	118,315 87	113,785 28	791,105 67
Danvers Hospital	151,935 24	156,964 13	1,859,051 96
Westborough Hospital	174,516 53	172,553 70	1,000,077 07
Boston Hospital	119,350 38	114,606 54	896,763 02
Grafton Hospital	24,819 60	19,617 70	274,249 76
Medfield Hospital	41,547 38	46,804 83	435,019 91
Monson Hospital	30,834 29	31,733 26	208,531 54
Gardner Colony	28,746 21	29,876 51	144,479 71
Foxborough Hospital	44,602 09	51,261 31	250,703 01
State Infirmary	3,807 92	3,783 04	54,678 03
Bridgewater Hospital	6,949 43	11,064 74	79,545 61
Fernald School	25,767 51	33,254 56	154,826 55
Wrentham School	9,180 41	14,020 10	53,677 05
Belchertown School	4,916 62	8,214 21	19,852 58
Psychopathic	2,392 72	4,267 16	30,614 99
Hospital Cottages	147 59	105 81	1,613 44
Family Care	191 39	209 10	16,968 09
Foxborough Labor	—	—	3,370 45
Almshouses	—	—	923 66
	<u>\$987,439 80</u>	<u>\$1,006,625 43</u>	<u>\$7,219,571 13</u>

Yearly Totals from January 1, 1904.

From Jan. 1, 1904, to Sept. 30, 1904	\$31,882 11
Year ending Sept. 30, 1905	72,750 93
From Oct. 1, 1905, to Nov. 30, 1906 (14 months)	87,804 66
For year ending —	
November 30, 1907	79,495 76
November 30, 1908	86,867 04
November 30, 1909	102,468 57
November 30, 1910	117,588 91
November 30, 1911	124,083 94
November 30, 1912	133,059 95
November 30, 1913	133,818 23
November 30, 1914	130,671 57
November 30, 1915	139,375 33
November 30, 1916	141,585 18
November 30, 1917	174,710 70
November 30, 1918	179,161 66
November 30, 1919 (including soldiers, \$3,421.75)	182,240 81
November 30, 1920 (including soldiers, \$99,008.25)	296,178 62
November 30, 1921 (including soldiers, \$106,951.57)	311,631 57
November 30, 1922 (including soldiers, \$127,106.00)	359,582 44
November 30, 1923 (including soldiers, \$106,573.00)	364,142 75
November 30, 1924 (including soldiers, \$302,434.00)	601,505 73
November 30, 1925 (including soldiers, \$36,271.00)	452,416 45
November 30, 1926 (including soldiers, \$67,369.00)	922,452 99
November 30, 1927 (including soldiers, \$84,500.00)	987,469 80
November 30, 1928 (including soldiers, \$87,599.00)	1,006,625 43
	\$7,219,571 13

The system of Work Reports inaugurated last year has been continued, and the following report gives a further summary of the work done by the Investigators and the clerical force.

In addition to the visits made to relatives and friends by the Investigators, there were 423 investigations made at various Probate Courts. Considerable time is needed by the Investigators in preparation for their outside work, and in reporting the work done by them. It was found that 5,418 hours were spent in the office in addition to the time needed for outside work.

The general work of the Division required 2,770 letters, and 1,850 letters were written concerning ex-service men and Veterans' Bureau matters. 451 clinical abstracts and 969 stencil forms were furnished for the use of the Veterans' Bureau. During the year, 5,105 documents relating to Probate matters were handled. 4,373 history slips were prepared for the use of the Investigators; and, including transfer records, a total of 5,325 histories were written.

Over 25,000 bills were sent out for reimbursing cases, not including bills sent to the Veterans' Bureau. Bills amounting to \$68,000 were rendered the Bureau during the year.

Respectfully submitted,

PAUL A. GREEN, *Supervisor.*

ACKNOWLEDGMENT.

Grateful appreciation is herewith expressed to the Laura Spelman Rockefeller Fund for the grant of an appropriation which has made possible a three-year research project in the epidemiology of mental diseases. By means of this fund an investigation is being made of certain facts relative to the ten-years' discharges and resident population of all Massachusetts mental hospitals and state schools, utilizing the new statistical system now installed.

GEORGE M. KLINE, *Commissioner.*

REPORT OF THE DIVISION OF STATISTICAL RESEARCH.

To the Commissioner of the Department of Mental Diseases:

A report of the work of the Division of Statistical Research for the year ending November 30, 1928, is respectfully submitted.

STATISTICAL REPORT.

The statistical research study of cases in our State Hospitals and Schools, plans for which were inaugurated in November, 1926, was put into actual operation on March 22, 1927. A group of eight workers was placed in the field on this date to commence the coding of data, and to install the new statistical system in all institutions supervised by the Department. The arbitrary date of September 30, 1926, was selected for the initiation of the system, as it enabled us to summarize the situation at the end of the statistical year. The survey group coded all cases on the books of each institution on September 30, 1926, and all admissions and discharges between that date and May 22, 1927. During the two weeks previous to the latter date, a special course was held at one of the institutions, to instruct one or more clerks from each hospital in the new system. Since then the regular work of coding cases on all new admissions and discharges has been taken over by the statistical clerk at each hospital.

Over the past 10 years, requests for information and statistics on mental cases have shown a steady increase. Specific questions are often asked which cannot be answered by the usual data which has been based on studies of first admissions only. Information has been requested on the status of our resident population, but this could not be given except in a very general way.

Previous to the inauguration of the new system, our statistics had been confined in the main to data on admissions and discharges. These statistics gave very adequate information on patients entering and leaving mental hospitals, but, obviously, did not consider the accumulation within institutions over a period of years.

This factor, plus the need for pertinent information to be used in making plans for the construction of the new Metropolitan Hospital, gave added impetus to the plans for our statistical research study.

As the Department wished to prepare the building plans on a sound, scientific basis and not on approximations, it became necessary to have exact figures on the various types of patients and their length of hospital residence. For instance, we know that a part of our hospital population is made up of short-term residents, and that the turnover in patients remaining under one year is tremendous compared with those remaining in the hospital for longer periods. In order to make plans for a reception building to handle all new admissions, it was necessary to make a careful study of: (1) the length of hospital residence of discharged cases, and (2) the length of hospital residence of patients remaining in institutions. The latter is a very important item as it reveals the tendency for certain psychoses to be retained while others have a more rapid turnover. As it was part of the plan to construct the new hospital so that patients remaining less than six months should have no contact with the so-called chronic cases, it became necessary to have accurate information.

By the end of April 1, 1928, we had completed the installation of the statistical system and the coding of all cases on the books of each State institution under the Department and at the McLean Hospital. During the 13 months' period which it had taken to complete the entire work, approximately 28,000 cases were coded on resident population and on discharges. This coding not only comprised the recording of data on the statistical card, which gives a complete general summary of each patient, but included also a special card (No. 1) for recording the time spent out of the institution by each patient on visit, escape, parole or family care. In addition, a change of diagnosis card was made out whenever a new determined diagnosis was given to a patient. Thus the 28,000 coded cases were represented by a total of approximately 45,000 cards. Owing to the frequent psychologic examinations of the patients at the feeble-minded schools the changes of diagnosis cards were much more numerous here than at the mental hospitals, sometimes as many as ten changes of intelligence quotient being recorded on a single case. These cards afford valuable material on the changes in I. Q. at various ages of mentally defective children.

During the fiscal year of 1928 the survey group completed approximately 14,000 cases and 20,000 cards of the entire number coded during the installation period. These were completed at the following State institutions: Medfield,

Taunton, Worcester, Psychopathic, Boston State, McLean, Tewksbury (Mental Wards) and Bridgewater (Mental Wards).

In addition to the eight workers engaged in completing the statistical survey, an office force consisting of a punch clerk and eight clerical workers have taken care of the checking, filing, punching and sorting of the statistical cards as they came to the Department each day from the survey group and from the individual institutions.

We have now at the Department a Powers punch card on file representing the latest status of every patient in every Department institution, and, in addition, all patients at the McLean Hospital and the Mental Wards at Tewksbury and Bridgewater, which are supervised by the Department. We have likewise on file punch cards recording statistical data on every patient discharged since September 30, 1926. These cards may be used at any time that special questions come up for solution, and are a ready source of information for data on resident or discharged cases.

RESEARCH PROJECT.

The results of the above statistical survey and the availability of the data which it represented were so striking that the Commissioner, Dr. George M. Kline, applied to the Laura Spelman Rockefeller Fund for financial assistance in continuing the work to apply to the discharges at each of the State hospitals and schools over the 10-year period 1916-1926.

Through the generosity of this fund the continuance of this work was made possible during the last year. A three-year program was established for the coding of the new material and for the study of the data upon its completion. The grant was allowed July, 1928, and on August 1, 1928, Research Group No. 1, consisting of 8 workers, was placed at the Boston State Hospital to commence the coding on the 10-year discharges. A second group, consisting of four workers, was organized in September, 1928. This was later increased to eight workers.

Between the date of initiation of the work under the new grant, August 1, 1928, and the end of the fiscal year, November 30, 1928, approximately 7,000 cases and 10,000 cards had been coded on the 10-year discharges at the Boston State and Worcester State Hospitals. This, together with the work previously completed during the year by the statistical survey, makes a total of approximately 21,000 cases and 30,000 cards added to our files during the last year.

Our working force engaged in forwarding the progress of this research project consisted, at the close of the fiscal year, of two field groups of eight workers each, and an office force of eight clerks with an executive group of three persons, making a total of twenty-seven employees.

It is planned that the research project shall continue until the coding of the 10-year discharges is entirely completed at each of the State Hospitals and Schools under the Department. By that time we shall have at our disposal nearly 100,000 cases to analyze, the data on which will be of extreme value in our psychiatric studies.

Several meetings of the advisory committee were held during the past year and various points with regard to our coding were discussed, passed upon, and new decisions made. These have proved of great value in standardizing our statistical method and in evaluating the importance of the varied statistical items to be coded.

The Director wishes to express his appreciation to the Commissioner and to the other members of the Research Committee for their co-operation and advice, which have been most helpful at all times. The members of the Committee are as follows:

Dr. C. Macfie Campbell, Professor of Psychiatry, Harvard University.

Dr. Henry B. Elkind, Medical Director, Massachusetts Society for Mental Hygiene.

Dr. George M. Kline, Commissioner, Massachusetts Department of Mental Diseases.

Dr. James V. May, Superintendent, Boston State Hospital and Chairman of Committee on Statistics, American Psychiatric Association.

Dr. Edwin B. Wilson, Professor of Vital Statistics, Harvard School of Public Health.

It is desired also to express appreciation to Miss Helen H. Dolan, chief research worker, and to Misses Sarah E. Kinney and Mildred Moore, who were in charge of the two field groups during the past year.

Respectfully,

NEIL A. DAYTON, *Director.*

REPORT OF THE DIVISION OF STATISTICS.

To the Commissioner of Mental Diseases:

A report on the work of the Division of Statistics for the year ending November 30, 1928, is respectfully submitted:

The State Board of Insanity of Massachusetts was first created by an Act of the Legislature of 1898. This Board was provided with supervisory and advisory powers over all public and private institutions and homes caring for the insane, and over the feeble-minded, the epileptic and the inebriate. Previously, these powers had been vested in the State Board of Lunacy and Charity. The new Board superseded the latter, however, and was given broader and more extensive powers.

The State Board of Insanity was composed of five members who received no remuneration from the State for their services, and an executive head who received compensation. Its functions were as follows: To supervise the twenty-nine State, municipal, and private institutions for the insane, feeble-minded, epileptic, dipsomaniac, and inebriate which existed in 1899; to supervise insane patients under care in private families; to supervise the insane and feeble-minded in city and town almshouses, and those in private families in care of the Overseers of the Poor; and, finally, to supervise all matters relating to the transportation of patients within and without the State.

The trustees and officers of the various institutions supervised by the Board were, in most particulars, legally responsible for the administration of the institutions and for the care of the patients therein. The Board was of valuable assistance, however, in improving and standardizing many of the practices at the individual hospitals.

A census made on October 1, 1899, showed that 9,739 persons were under the supervision of the Board. Of these, 8,282 persons were classified as insane, 1,091 as feeble-minded, and the remainder as epileptic and inebriate. Although the majority of these patients were being cared for in State institutions, their financial support was divided between cities, towns, private individuals, and the State.

In 1904 the question of financial support for the dependent insane was definitely settled when the State took over the entire support of these persons. Patients were transferred from almshouses and private homes as fast as new facilities could be provided by the State. By 1908, when the Boston Insane Hospital (now the Boston State Hospital) became a part of the State Hospital System, no insane patients were cared for in almshouses. A small number were being cared for in private families, but these were given very careful supervision.

The same policy of State support was also gradually applied to the feeble-minded, the epileptic, and the inebriates who were dependent upon public support, although a considerable number of these classes are still cared for in almshouses.

With the passing years, the supervisory powers of the State Board of Insanity were extended, while those of the trustees of the institutions were limited. In addition mandatory powers were vested in the Board. These extended not only to public institutions, but to private hospitals as well. In 1914, the unpaid Board of five members with an executive head was replaced by a paid board of three members, in accordance with Chapter 762 of the Acts of 1914.

On August 1, 1916, the State Board of Insanity was abolished and in its place the Massachusetts Commission on Mental Diseases, with a Director as its executive head, was established, in accordance with Chapter 285 of the General Acts of 1916. New powers were added to those already vested in the Board which the Commission now superseded.

In accordance with Chapter 350 of the General Acts of 1919, which provided for the reorganization of State Departments, the Commission became the Department of Mental Diseases on December 1, 1919, with the executive head designated as "Commissioner." No new powers were given the Department.

The State Hospital system has continued to keep pace with current developments that are of interest to social psychiatry. Social work throughout the State was given added impetus and its scope extended by the Commission and the Department. Two new Divisions were established in 1922: (1) The Division of Mental Hygiene and (2) the Division of Mental Deficiency. Later, in 1924, the Division for the Psychiatric Examination of Prisoners was established under the Department.

At the present time the Department has under its direct management eleven State Hospitals (including the Boston Psychopathic Hospital), three State Schools for the feeble-minded, and one State Hospital for epileptics (Monson). It is also undertaking the construction of a new hospital for the insane (Metropolitan State Hospital), the building of which was authorized by the Legislature in 1927. In addition, the Department supervises patients in two other State institutions which are not directly under its jurisdiction. These are (1) the Mental Wards, Tewksbury State Infirmary, and (2) The Bridgewater State Hospital, which cares for the criminal insane. The Department also supervises all insane, feeble-minded, inebriate persons, and drug addicts in the care of private hospitals and homes. The Veterans' Bureau Hospitals for the Insane in Massachusetts also come under the supervision of the Department: The Veterans' Hospital at Northampton and the Veterans' Hospital at Bedford.

The Department has standardized much of the administrative procedure in the public institutions under its direction. It has created safeguards to patients through legislation, particularly with regard to uniform and enlightened methods of admission and of treatment. Through its licensing power, it has also provided supervision over private hospitals and private homes.

The Department, as well as the preceding Commission and Board, has always been responsible for the collection and compilation of statistics relating to the insane, feeble-minded, epileptic and inebriate persons and drug addicts cared for in public and private institutions or homes throughout the State.

Since the latter part of 1926, the Statistical Division of the Department has been reorganized. A new system of recording data on all patients with the purview of the central office has been established and put into effective operation, both at the individual institutions and at the central Department. By means of this new method, complete centralization of procedure has been effected and the scope of information and data on our patient population, both insane and feeble-minded, has been tremendously increased.

In the past we have adhered rather closely to the set-up of the National Committee tables which were based upon first admissions, readmissions, discharges and deaths of regularly committed cases only. Insofar as this particular type of case made up only about 47 per cent of our total admissions and about 53 per cent of our total discharges, we were receiving a very incomplete picture of the actual statistics on all types of admissions and discharges. While we have continued the tables on regular first admissions by court commitment, we have added others. These include new tables of first admissions on all forms of admission, that is, admissions on regular court commitment, admissions for temporary care (including observation), and admissions on voluntary status.

In considering cases discharged, new tables have been added which give us information on the total discharges, whether regularly committed, or held on a temporary care or voluntary status.

The scope of tables in reference to patients dying in institutions has also been enlarged to include a summary of all cases discharged by reason of death, irrespective of legal status of admission.

New tables have been added in reference to patients in residence in institutions and on the books of institutions at the end of the statistical year.

A new section, embracing eighteen tables, has been incorporated in the statistical report which includes information in reference to the three schools for mental defectives. These tables discuss various aspects in connection with admissions, discharges, deaths and resident population of the three state schools.

The present report is the first of the newly organized division.

Respectfully,

NEIL A. DAYTON, *Director.*

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TABLE A. — General Statement of the Department for the Year ended November 30, 1928 — By Institution.

INSTITUTIONS.	Date of Opening.	Pa-tients under Care. ¹	Total Admis-sions. ²	ACREAGE.			Land. ³	Buildings and Betterments. ⁴	Personal Property. ⁴	Farm and Garden Products. ⁵	Industrial Products.	Total.
				Total.	Building Sites and Grounds.	Under Cultivation.						
<i>State Hospitals for Mental Diseases.</i>												
Boston Psychopathic.	1912	135	1,906	2 00	2 00	—	\$45,060 00	\$583,028 07	\$50,800 87	—	\$686 80	\$679,575 74
Boston State	1839 ⁶	2,461	666	233 07	98 22	134 85	609,508 00	2,587,499 21	340,284 12	—	38,567 80	3,866,806 33
Danvers	1878	2,170	714	517 00	247 00	270 00	89,640 00	2,536,549 00	263,878 39	95,673 37	29,177 20	3,014,918 36
Foxborough	1893	1,075	294	1,846 00	246 00	100 00	35,400 00	1,642,551 79	256,116 64	36,038 73	15,921 61	1,986,028 77
Gardner	1902	1,195	150	1,856 00	1,533 75	322 25	37,350 00	1,038,923 09	302,554 13	62,258 39	24,382 06	1,465,767 67
Griffith	1915 ⁷	1,583	116	999 60	764 35	235 25	33,585 00	1,347,330 35	225,747 38	69,170 28	20,120 95	1,695,953 96
Medfield	1896	1,558	199	653 45	443 45	210 00	43,279 00	1,723,158 95	286,419 37	81,619 53	18,087 00	2,152,563 85
Northampton	1858	1,558	519	513 00	302 00	211 00	167,700 00	1,729,224 48	182,901 71	57,280 53	6,611 10	2,143,717 82
Taunton	1854	1,666	502	383 00	234 00	146 00	55,285 00	906,937 40	238,002 79	59,308 83	25,521 69	1,285,145 71
Westborough	1886	1,621	483	763 93	447 78	316 15	68,770 00	1,055,909 23	326,452 83	59,429 30	22,739 49	1,533,300 85
Worcester	1833	2,593	620	589 16	414 16	175 00	438,200 00	2,201,283 33	449,689 18	69,830 83	37,000 00	3,196,033 34
Metropolitan ⁸	—	—	—	372 00	—	—	48,062 00	909,323 33	—	—	—	957,385 33
Monson (epileptic)	1898	1,318	210	661 79	537 79	124 00	14,362 00	753,216 09	269,528 87	42,799 07	18,404 29	1,098,310 32
Total	.	19,229	6,379	7,887 00	5,642 50	2,244 50	\$1,686,201 00	\$19,014,934 32	\$3,192,676 48	\$644,446 26	\$257,219 99	\$24,795,478 05
<i>Schools for Mental Defectives.</i>												
Belchertown	1922	933	176	721 10	587 10	134 00	\$21,870 29	\$1,839,073 50	\$208,476 12	\$47,235 80	\$1,634 00	\$2,108,279 71
Walter E. Fernald	1848	1,809	175	2,006 18	1,706 40	299 78	87,711 00	1,320,594 30	293,348 00	70,752 05	34,977 12	1,807,382 47
Wrentham	1907	1,562	116	590 00	439 00	131 00	19,283 50	1,289,962 01	282,135 36	64,398 14	21,272 53	1,677,051 54
Total	.	4,304	467	3,317 28	2,752 50	564 78	\$128,864 79	\$4,439,629 81	\$783,959 48	\$182,385 99	\$57,873 65	\$5,592,713 72
Grand Total	.	23,533	6,846	11,204 28	8,395 00	2,809 28	\$1,815,065 79	\$23,454,564 13	\$3,976,635 96	\$826,832 25	\$315,093 64	\$30,388,191 77

¹ At end of statistical year ending Sept. 30, 1928.² During statistical year ending Sept. 30, 1928.³ Valuation as per Section 13 to 17, Chapter 58, General Laws.⁴ Valuation as per regulations of Department of Mental Diseases.⁵ Valuation by committee of Comptroller and representatives of institutional departments.⁶ Taken over by State, 1908.⁷ Part of Worcester State Hospital from 1877 to 1915.⁸ Under construction.

TABLE B. — *Patients in Residence, Total Admissions, Officers and Employees in Department Institutions on November 30, 1928 — By Institution.*

INSTITUTIONS.	Patients Actually in Insti- tutions.	Total Admis- sions. 1	NUMBER OF OFFICERS AND EMPLOYEES.							NUMBER OF PATIENTS TO EACH —				
			Total.	Physi- cians.	Resident Dentists.	Industrial and Educa- tional De- partment.	Social Workers.	Graduate Nurses.	Other Nurses and At- tendants.	All Others.	Resident Physician.	Nurse and At- tendant.	Em- ployee.	
<i>State Hospitals for Mental Diseases.</i>														
Boston Psychopathic	79	1,906	140	10	1	2	5	14	34	74	7 90	1 64	56	
Boston State	2,224	666	437	12	1	10	4	14	231	165	185 33	9 08	5 09	
Danvers	1,881	714	349	10	1	7	2	17	178	134	188 10	9 65	5 39	
Foxborough	952	294	193	5	—	4	1	8	92	83	190 40	9 52	4 93	
Gardner	1,095	150	209	5	1	9	—	4	96	94	219 00	10 95	5 24	
Grafton	1,551	116	291	8	1	5	1	14	117	145	193 87	11 84	5 33	
Medfield	1,812	199	342	9	1	7	—	11	172	142	201 33	9 90	5 30	
Northampton	1,321	519	227	8	1	4	1	5	100	108	165 12	12 58	5 82	
Taunton	1,446	502	290	9	1	6	2	14	139	119	160 67	9 45	4 99	
Westborough	1,369	483	288	8	1	6	1	18	122	132	171 13	9 78	4 75	
Worcester	2,215	620	456	13	1	8	3	34	230	167	170 38	8 39	4 86	
Monson (epileptic)	1,201	210	237	7	—	4	1	9	108	108	171 57	10 26	5 07	
Total	17,146	6,379	3,459	104	10	72	21	162	1,619	1,471	164 87	9 63	4 96	
<i>State Schools for Mental Defectives.</i>														
Belchertown	872	176	175	5	1	10	1	1	81	76	174 40	10 63	4 98	
Walter E. Fernald	1,671	175	328	8	—	29	2	—	187	102	208 88	8 94	5 09	
Wrentham	1,409	116	241	5	1	21	2	—	139	73	281 80	10 14	5 85	
Total	3,952	467	744	18	2	60	5	1	407	251	219 56	9 69	5 31	
Grand Total	21,098	6,846	4,203	122	12	132	26	163	2,026	1,722	172 93	9 64	5 02	

¹ During statistical year ending September 30, 1928.

TABLE C. — *Average Weekly Per Capita Costs¹ for Maintenance and Operation for the Period 1917-1928 — By Institution.*

INSTITUTIONS.	1917.	1918.	1919.	1920.	1921.	1922.	1923.	1924.	1925.	1926.	1927.	1928.
<i>Hospitals for Mental Diseases.</i>												
Worcester	\$5 26	\$5 89	\$5 66	\$6 42	\$6 40	\$6 13	\$6 51	\$6 58	\$6 78	\$6 29	\$7 03	\$6 97
Taunton	5 57	6 28	6 34	6 65	6 43	6 15	6 69	7 13	6 71	6 56	7 28	7 26
Northampton	5 15	5 81	5 91	6 52	6 02	5 92	6 19	6 00	6 43	6 23	6 41	6 64
Danvers	5 61	6 94	5 49	7 24	6 59	6 24	7 09	6 52	6 45	6 79	6 80	6 79
Westborough	6 19	7 34	6 79	8 10	7 18	7 24	7 65	7 44	7 36	7 32	8 75	7 78
Boston	5 71	7 87	6 22	7 64	7 77	6 80	6 83	6 81	6 73	6 83	6 94	7 00
Psychopathic	25 95	30 91	32 29	36 90	41 84	42 38	50 92	48 57	48 94	49 62	51 01	51 99
Grafton	5 38	6 53	6 12	7 31	6 76	6 50	6 74	6 34	7 13	6 36	6 85	6 80
Medfield	5 49	6 13	6 73	7 29	6 64	5 82	6 53	6 38	6 36	6 04	6 58	6 55
Foxborough	8 36	10 23	8 35	10 60	9 77	9 81	10 48	9 52	8 27	8 50	8 85	8 08
Gardner	5 02	6 13	6 42	6 92	6 70	6 43	6 67	6 42	6 73	6 37	6 64	6 81
Monson (epileptic)	5 44	5 54	6 40	7 42	6 72	6 11	6 44	6 77	6 62	6 52	6 85	6 89
Average per capita cost, including Psychopathic	\$5 71	\$6 76	\$6 41	\$7 45	\$7 08	\$6 68	\$7 11	\$6 99	\$7 02	\$6 86	\$7 22	\$7 26
Average per capita cost, excluding Psychopathic	\$5 57	\$6 61	\$6 25	\$7 27	\$6 86	\$6 46	\$6 88	\$6 77	\$6 80	\$6 65	\$7 00	\$7 02
<i>Schools for Mental Defectives.</i>												
Walter E. Fernald	\$4 68	\$5 49	\$6 00	\$6 70	\$7 07	\$6 51	\$6 70	\$7 08	\$6 99	\$7 16	\$7 18	\$7 09
Wrentham	4 57	5 61	5 54	6 95	6 80	6 43	7 34	6 79	6 81	6 37	6 76	6 65
Belchertown	—	—	—	—	—	—	3 25	9 19	8 06	7 86	8 03	8 02
Average per capita cost	\$4 64	\$5 54	\$5 80	\$6 81	\$6 95	\$6 47	\$7 65	\$7 32	\$7 14	\$7 01	\$7 19	\$7 13
Average per capita cost of all Institutions	\$5 54	\$6 56	\$6 31	\$7 34	\$7 06	\$6 64	\$7 20	\$7 05	\$7 04	\$6 89	\$7 21	\$7 23

¹This table is figured less sales, but not less paying patients and other receipts.

TABLE D. — *Percentage of Total Costs of Maintenance and Operation Collected from Paying Patients from 1917-1928, inclusive.*

INSTITUTIONS.		1917.	1918.	1919.	1920.	1921.	1922.	1923.	1924.	1925.	1926.	1927.	1928.
Hospitals for Mental Diseases:													
Boston Psychopathic	.	5.09	4.28	5.24	7.21	.06	2.45	1.55	3.68	2.05	1.46	1.06	1.79
Boston State	.	5.71	4.47	7.31	7.49	8.71	6.97	9.61	11.39	7.63	15.27	15.26	13.95
Danvers	.	3.08	1.36	1.65	3.97	4.21	11.69	11.02	14.72	12.32	22.76	24.04	23.36
Foxborough	.	1.63	.75	1.38	1.32	1.11	4.49	3.95	7.17	6.29	11.89	11.65	13.18
Grafton	.	2.06	1.52	2.26	2.76	2.59	1.31	1.59	4.68	2.89	6.82	7.70	7.38
Medfield	.	2.63	2.42	2.02	2.97	3.44	5.57	4.32	9.54	4.48	3.56	4.55	3.58
Northampton	.	6.58	5.63	5.79	10.21	9.23	10.44	8.01	14.84	13.15	30.10	28.72	25.83
Taunton	.	5.22	3.88	3.68	5.40	6.59	6.82	7.34	10.64	8.36	16.24	15.81	14.58
Westborough	.	5.39	5.28	5.12	5.05	7.36	6.61	6.67	11.32	11.18	31.31	31.62	30.32
Worcester	.	4.61	4.85	5.12	7.10	6.37	6.98	6.59	11.81	6.62	14.53	13.57	13.74
Monson (epileptic)	.	2.35	2.86	2.31	2.06	1.99	2.54	2.15	3.32	4.82	6.28	7.29	7.24
Average	.	4.11	3.53	3.88	5.28	5.41	6.21	6.09	9.75	7.12	14.78	14.82	14.36
Schools for Mental Defectives:													
Belchertown	.	1.07	.78	.64	1.19	1.22	1.64	.02	.20	.36	1.72	1.59	2.39
Walter E. Fernald	.	.41	.14	.15	.38	.28	1.40	1.43	1.46	2.17	4.20	4.33	5.51
Wrentham	.									1.04	1.46	1.89	2.94
Average	.	.81	.50	.44	.83	.81	1.53	.66	1.01	1.33	2.73	2.87	3.90
Grand Average	.	3.66	3.10	3.35	4.59	4.66	5.48	5.13	8.16	6.08	12.57	12.66	12.49
Family care (under Department)	.	9.95	6.84	.60	—	—	18.25	—	4.21	23.67	6.30	4.59	4.26

Note. — See tables showing number and per cent paying patients on page 85 for Institutions for the Insane, Feeble-minded, and Epileptic, and page 86 for Institutions for the Feeble-minded.

TABLE E. — *Percentage of Total Net Expenditures by the State, Expended for the Care of Mental Diseases, Mental Defectives and Epileptics from 1913 to 1928.*¹

FISCAL YEAR ENDED NOVEMBER 30 OF EACH YEAR.	Total Expended by State.	Total Expended for Care of Insane, Feeble-minded and Epileptic.	Per Cent.
1913	\$24,543,221 70	\$4,632,593 84	18.88
1919	53,769,626 25	6,864,669 63	12.77
1920	46,648,928 67	7,852,184 56	16.83
1921	41,669,278 65	8,252,082 46	19.80
1922	44,114,727 08	8,217,175 36	18.63
1923	45,438,413 85	8,777,574 59	19.10
1924	47,286,108 80	8,577,393 51	18.14
1925	46,613,633 49	8,506,305 01	18.25
1926	49,164,754 28	8,674,918 98	17.64
1927	51,537,132 98	9,537,342 42	18.51
1928	53,763,560 75	10,441,689 17	19.42

¹ Includes Department Institutions, Mental Wards at Tewksbury, Bridgewater State Hospital and patients boarded out by Department.

Note. — In explanation of the break from 1913 to 1919, it might be said that these figures are not available, due to the fact that prior to 1919 the report of the Auditor of the Commonwealth did not show a recapitulation giving the total State expenses, inasmuch as prior to this year many of the expenses of the State were paid out of funds. In 1924 a comparison of 1923 with 1913 was desired and an analysis of the Auditor's report of 1913 was made, throwing all fund expenditures into the revenue expenditures of that year. This was a task of such magnitude that it has not been deemed advisable to continue covering the years 1914 to 1918, inclusive.

TABLE F. — *Number of Patients in State Institutions for the Insane, Feeble-minded and Epileptic, and Overcrowding, September 30, 1928.*

INSTITUTIONS.	Capacity.	Patients in Insti- tutions.	OVERCROWDING.	
			Number.	Per- centage.
<i>Mental Hospitals.</i>				
Worcester	2,152	2,222	70	2.92
Taunton	1,204	1,463	259	21.51
Northampton	1,565	1,304	261 ¹	16.67 ¹
Danvers	1,684	1,925	241	14.31
Westborough	1,221	1,390	169	13.84
Boston State	1,897	2,266	369	19.45
Boston Psychopathic	126	86	40 ¹	31.74 ¹
Grafton	1,152	1,555	403	34.98
Medfield	1,544	1,790	246	15.92
Gardner	1,032	1,097	65	6.29
Foxborough	905	957	52	5.74
Mental Wards, State Infirmary	673	788	115	17.10
Bridgewater	908	940	32	3.52
Total	16,063	17,783	1,720	10.71
<i>State Schools.</i>				
Walter E. Fernald	1,498	1,660	162	10.81
Wrentham	1,290	1,392	101	7.82
Belchertown	762	860	98	12.86
Total	3,550	3,912	361	10.16
<i>Epileptic.</i>				
Monson	967	1,214	247	25.54
Aggregate	20,580	22,909	2,328	11.29

¹ Decrease or undercrowding.

TABLE G. — *Number of Patients and Overcrowding in State Institutions for the Insane, Feeble-minded and Epileptic on September 30, Years 1905-1928, inclusive.*

[See note following this table.]

INSTITUTIONS BY YEARS.	Rated Capacity.	Actual Number of Patients in Institution.	OVERCROWDING.	
			Excess ¹ Number of Patients.	Percentage.
1905.				
State Hospitals	9,574	9,550	-24	-0.25
State Schools	1,002	1,028	26	2.59
Monson Hospital (epileptic)	462	521	59	12.77
Total	11,038	11,099	61	.55
1906.				
State Hospitals	10,098	9,706	-392	-3.88
State Schools	1,262	1,120	-142	-11.25
Monson Hospital (epileptic)	591	531	-60	-10.15
Total	11,951	11,357	-594	-4.97
1907.				
State Hospitals	10,667	10,032	-635	-5.95
State Schools	1,262	1,228	-34	-2.69
Monson Hospital (epileptic)	699	570	-129	-18.45
Total	12,628	11,830	-798	-6.31
1908.				
State Hospitals	10,667	10,774	107	1.01
State Schools	1,312	1,332	20	1.52
Monson Hospital (epileptic)	699	686	-13	-1.86
Total	12,678	12,792	114	.89
1909.				
State Hospitals	10,868	11,299	431	3.96
State Schools	1,582	1,443	-139	-8.78
Monson Hospital (epileptic)	699	695	-4	-0.57
Total	13,149	13,437	288	2.19
1910.				
State Hospitals	10,962	11,792	830	7.57
State Schools	1,690	1,567	-123	-7.28
Monson Hospital (epileptic)	853	770	-83	-9.74
Total	13,505	14,129	624	4.62
1911.				
State Hospitals	11,759	12,121	362	3.08
State Schools	1,720	1,642	-78	-4.54
Monson Hospital (epileptic)	853	851	-2	-2.34
Total	14,332	14,614	282	1.95
1912.				
State Hospitals	12,083	12,594	511	4.23
State Schools	1,820	1,845	25	1.37
Monson Hospital (epileptic)	853	887	34	3.98
Total	14,756	15,326	570	3.86
1913.				
State Hospitals	12,619	12,940	321	2.54
State Schools	2,063	1,922	-141	-6.82
Monson Hospital (epileptic)	853	922	69	8.09
Total	15,535	15,784	249	1.60
1914.				
State Hospitals	12,770	13,239	469	3.68
State Schools	2,088	2,194	106	5.07
Monson Hospital (epileptic)	976	963	-13	-1.33
Total	15,834	16,396	562	3.54

¹Equals decrease in number of patients or percentage undercrowding.

TABLE G.—*Number of Patients and Overcrowding in State Institutions for the Insane, Feeble-minded and Epileptic on September 30, Years 1905-1928, inclusive*—Continued.

[See note following this table.]

INSTITUTIONS BY YEARS.	Rated Capacity.	Actual Number of Patients in Institution.	OVERCROWDING.	
			Excess ¹ Number of Patients.	Percentage.
1915.				
State Hospitals	12,980	13,771	791	6.10
State Schools	2,488	2,309	-179	-7.19
Monson Hospital (epileptic)	968	1,015	47	4.86
Total	16,436	17,095	659	4.03
1916.				
State Hospitals	13,190	14,061	871	6.60
State Schools	2,628	2,582	-46	-1.74
Monson Hospital (epileptic)	967	993	26	2.67
Total	16,785	17,636	851	5.07
1917.				
State Hospitals	13,431	14,392	961	7.15
State Schools	2,718	2,673	-45	-1.66
Monson Hospital (epileptic)	967	1,042	75	7.76
Total	17,116	18,107	991	5.78
1918.				
State Hospitals	13,479	14,522	1,043	7.76
State Schools	2,718	2,763	45	1.65
Monson Hospital (epileptic)	967	954	-13	-1.35
Total	17,164	18,239	1,075	6.26
1919.				
State Hospitals	13,724	14,295	571	4.16
State Schools	2,823	2,739	-84	-2.97
Monson Hospital (epileptic)	967	922	-45	-4.65
Total	17,514	17,956	442	2.51
1920.				
State Hospitals	14,101	14,726	625	4.43
State Schools	2,823	2,820	-3	-0.11
Monson Hospital (epileptic)	967	960	-7	-0.72
Total	17,891	18,506	615	3.44
1921.				
State Hospitals	14,207	15,392	1,185	8.34
State Schools	2,823	2,941	118	4.18
Monson Hospital (epileptic)	967	1,036	69	7.15
Total	17,997	19,369	1,372	7.63
1922.				
State Hospitals	14,362	15,697	1,335	9.31
State Schools	2,823	2,849	26	.92
Monson Hospital (epileptic)	967	1,113	146	15.10
Total	18,152	19,659	1,507	8.30
1923.				
State Hospitals	14,654	15,962	1,308	8.91
State Schools	3,498	3,239	-259	-7.41
Monson Hospital (epileptic)	967	1,089	122	12.61
Total	19,119	20,290	1,171	6.13
1924.				
State Hospitals	14,741	16,356	1,615	10.92
State Schools	3,498	3,460	-38	-1.08
Monson Hospital (epileptic)	967	1,159	192	19.81
Total	19,206	20,975	1,769	9.22

¹ Equals decrease in number of patients or percentage undercrowding.

TABLE G. — *Number of Patients and Overcrowding in State Institutions for the Insane, Feeble-minded and Epileptic on September 30, Years 1905-1928, inclusive — Concluded.*

[See note following this table.]

INSTITUTIONS BY YEARS.	Rated Capacity.	Actual Number of Patients in Institution.	OVERCROWDING.	
			Excess ¹ Number of Patients.	Percentage.
1925.				
State Hospitals	14,924	16,808	1,884	12.60
State Schools	3,498	3,593	95	2.71
Monson Hospital (epileptic)	967	1,182	215	22.23
Total	19,389	21,583	2,194	11.31
1926.				
State Hospitals	15,123	16,989	1,866	12.32
State Schools	3,498	3,660	162	4.68
Monson Hospital (epileptic)	967	1,160	193	19.96
Total	19,588	21,809	2,221	11.34
1927.				
State Hospitals	15,821	17,386	1,565	9.89
State Schools	3,498	3,787	289	8.26
Monson Hospital (epileptic)	967	1,211	244	25.33
Total	20,286	22,384	2,098	10.34
1928.				
State Hospitals	16,063	17,783	1,720	10.71
State Schools	3,550	3,912	361	10.16
Monson Hospital (epileptic)	967	1,214	247	25.54
Total	20,580	22,909	2,328	11.29

¹ Equals decrease in number of patients or percentage undercrowding.

Note. — The above rated capacities are based upon the following unit of floor area established by the State Board of Insanity in 1905:

"Fifty square feet per patient in day rooms, an equal amount in dormitories and 100 square feet in rooms used continuously by the sick in bed or other classes, with the exception that in buildings where the patients are all quiet, clean, able-bodied and out of doors most of the day, the day space has been reduced to 30 square feet." This limit has been uniformly followed with only minor changes here and there made necessary by factors peculiar to a few hospitals. A new unit for floor space will be used in measuring capacities beginning 1929, which will be published in the report for year ending 1929.

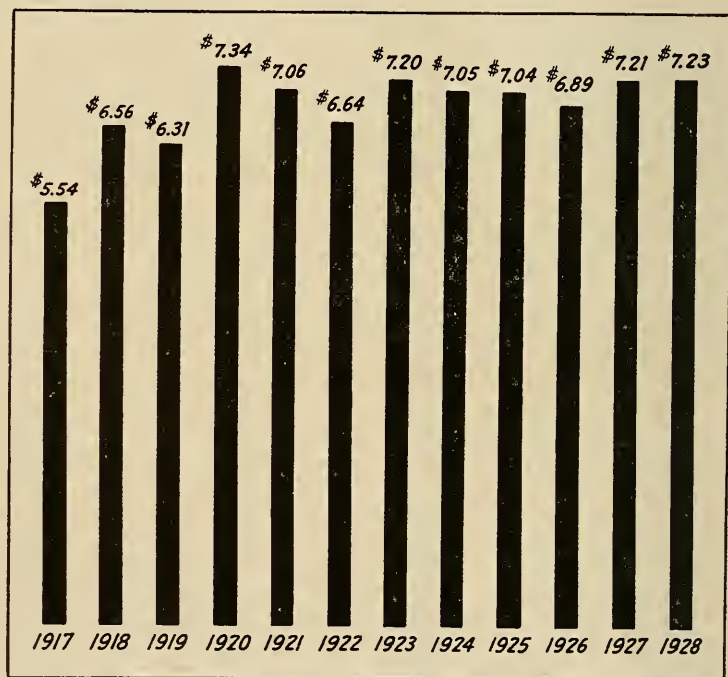
TABLE H. — *Paying Patients, Number and Per Cent in State Hospitals ¹ on September 30, 1904-1928, inclusive.*

YEAR.	Number of Patients in Institutions.	Number of Paying Patients.	Percentage of Resident Patients.
1904	10,100	1,189	11.7
1905	10,071	1,217	12.1
1906	10,237	1,299	12.7
1907	10,602	1,300	12.3
1908	11,460	1,390	12.1
1909	11,994	1,488	12.4
1910	12,562	1,462	11.6
1911	12,972	1,521	11.3
1912	13,481	1,585	11.8
1913	13,949	1,603	11.5
1914	14,202	1,503	10.6
1915	14,786	1,506	10.2
1916	15,054	1,535	10.2
1917	15,434	1,512	9.8
1918	15,476	1,595	10.3
1919	15,217	1,548	10.2
1920	15,678	1,526	9.7
1921	16,428	1,683	10.2
1922	16,810	1,604	9.5
1923	17,051	1,985	11.6
1924	17,515	1,916	10.9
1925	17,990	2,051	11.4
1926	18,149	2,194	12.1
1927	18,573	2,282	12.3
1928	18,997	2,338	12.3

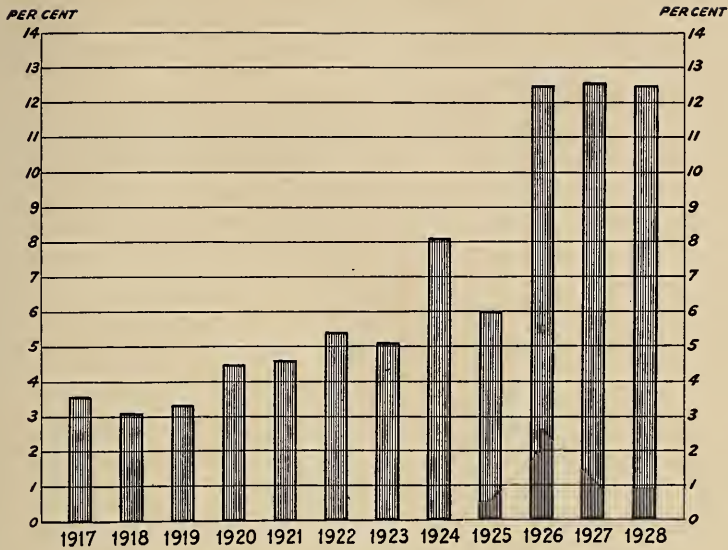
¹ Includes Mental Wards, Tewksbury, and Bridgewater.

TABLE J. — *Paying Patients, Number and Per Cent in State Schools on September 30, 1904-1928, inclusive.*

YEAR.	Number of Patients in Schools.	Number of Paying Patients.	Percentage of Resident Patients.
1904	897	95	8.9
1905	1,078	96	8.9
1906	1,170	92	7.9
1907	1,278	89	7.0
1908	1,382	82	5.9
1909	1,493	75	5.7
1910	1,617	60	3.7
1911	1,692	67	3.9
1912	1,895	70	3.7
1913	1,972	70	3.5
1914	2,244	41	1.8
1915	2,359	39	1.7
1916	2,632	37	1.5
1917	2,723	23	.9
1918	2,813	21	.7
1919	2,789	29	1.0
1920	2,870	30	1.0
1921	2,991	37	1.2
1922	2,899	31	1.0
1923	3,289	43	1.4
1924	3,510	52	1.5
1925	3,643	78	2.1
1926	3,710	121	3.3
1927	3,837	166	4.3
1928	3,912	176	4.5



GRAPH A. — AVERAGE WEEKLY PER CAPITA COSTS FOR MAINTENANCE, 1917 TO 1928.



GRAPH B.—PER CENT OF COST OF MAINTENANCE FOR ALL PATIENTS, COLLECTED FROM PAYING PATIENTS, 1917-1928.



GRAPH C.—PORTION OF EVERY STATE DOLLAR EXPENDED ON MENTAL DISEASES, 1919-1928.

STATISTICAL REVIEW.

GENERAL DISCUSSION.

The following table (Table 1) gives the total number of insane, epileptic, and mentally defective, as well as non-mental patients actually in institutions and in family care on September 30, 1928:

TABLE 1. — *Patients of All Classes under Treatment September 30, 1928.*¹

LOCATION.	Insane.	Mentally Defective.	Epileptic (Sane).	Voluntary. ²	Temporary Care.	Others.	Total.
<i>Public Institutions.</i>							
Worcester	2,163	39	—	12	21	—	2,235
Taunton	1,453	3	—	2	11	—	1,469
Northampton	1,258	38	—	4	10	—	1,310
Danvers	1,920	9	—	—	14	—	1,943
Westborough	1,406	3	—	3	3	—	1,415
Boston	2,234	13	—	—	26	—	2,273
Boston Psychopathic	46	—	—	7	33	—	86
Grafton	1,489	71	3	—	—	—	1,563
Medfield	1,782	15	—	—	3	—	1,800
Gardner	1,064	72	—	2	4	—	1,142
Monson	391	—	812 ³	—	—	11 ⁴	1,214
Foxborough	918	33	1	4	1	—	957
Mental Wards, State Infirmary	762	26	—	—	—	—	788
Bridgewater	770	21	—	—	149	—	940
Family Care under Department	19	—	—	—	—	—	19
Walter E. Fernald	—	1,611	—	—	—	49 ⁵	1,660
Wrentham	—	1,309	—	—	—	83	1,392
Belchertown	—	809	—	—	—	51	860
Hospital Cottages for Children	—	80	—	—	—	18	98
Total Public Care	17,675	4,152	816	34	275	212	23,164
Total Almshouses ⁶	—	115	—	—	—	—	115
Total Public Institutions	17,675	4,267	816	34	275	212	23,279
<i>Private Institutions.</i>							
McLean	201	—	—	17	1	—	219
U. S. Veterans' Hospital No. 95	502	—	—	1	—	—	503
U. S. Veterans' Hospital No. 107 ⁷	296	1	2	—	1	4	304
Elm Hill Private School and Home for Feeble-minded	31	—	—	—	—	—	31
Twenty other Private Institutions	147	59	—	26	4	62	298
Total Private Institutions	1,177	60	2	44	6	66	1,355
Grand Total of All Classes under Treatment	18,852	4,327	818	78	281	278	24,634

¹ Includes all patients actually in public and private institutions and in family care.

² Voluntary to Institutions for Mental Diseases.

³ Sane admissions at Monson.

⁴ Epilepsy — without psychosis.

⁵ Patients I. Q. of .75 or more (not feeble-minded).

⁶ Taken from reports of Overseers of Poor, March, 1928.

⁷ Licensed by State, August 11, 1928.

ALL CLASSES.

The total number of patients of all classes actually in institutions (including those in family care) on September 30, 1928, was 24,634, or a rate of 569 per hundred thousand of the estimated population¹ of the State. Of this number 18,852 (77.1 per cent) were insane; 4,327 (17.6 per cent) were mentally defective; 818 (3.3 per cent) were epileptic (sane); 78 (0.3 per cent) were voluntary admissions; 281 (1.1 per cent) temporary care admissions; and 278 (1.1 per cent) were classified as "others."

Of the total number actually in institutions (including patients in family care) the number under care in public institutions was 23,279 or 94.4 per cent; the number under care in private institutions² was 1,355 or 5.5 per cent.

¹ Estimated population as of July 1, 1928, 4,324,873.

² Includes U. S. Veterans' Hospitals Nos. 107 and 95. See Table 1.

The increase of patients of all classes for the year was 950. Those under care in public institutions had a total increase of 520; those under care in private institutions had a total increase of 430.

THE INSANE.

The total cases held as insane in institutions (and in family care) on September 30, 1928, numbered 18,852. This is at the rate of 436 per hundred thousand of the estimated population of the State.

The total insane in public institutions (including those in family care) numbered 17,675, a rate of 407 per hundred thousand of the estimated population of the State. There was a decrease of 51 (actual increase of 88¹) in the insane actually in institutions (including those in family care) as compared with an increase of 385 for the previous year.

The total insane under private care increased 389, as compared with an increase of 10 for the previous year. This large increase was due chiefly to the fact that U. S. Veterans' Hospital No. 107 came under the supervision of the Department during the year.

THE MENTALLY DEFECTIVE.

With the exception of 60 cases, the mentally defective are cared for in public institutions. The mentally defective in all institutions, both public and private, numbered 4,327. This is at the rate of 100 per hundred thousand of the estimated population of the State. There was an increase of 256 for the year, as compared with an increase of 94 for the previous year.

THE EPILEPTIC SANE.

The epileptic population, not classified as insane, numbered 818, only two cases of which were cared for in private institutions. The rate for this group is 18 per hundred thousand of the estimated population of the State. The year shows a decrease of 59 in these cases.

VOLUNTARY.

The voluntary patients numbered 78, 43.5 per cent being in public institutions and 56.4 per cent in private institutions. The rate for this class in both public and private institutions is 1 per hundred thousand of the estimated population of the State. The increase for the year is 25.

TEMPORARY CARE.

Patients classified under temporary care in both public and private institutions numbered 281, of which only six patients were in private institutions. The rate for this class is 6 per hundred thousand of the estimated population of the State. The increase for the year is 146.

UNCLASSIFIED.

Patients in both public and private institutions classified as "others" numbered 278, with 76.3 per cent of this number in public institutions and 23.7 per cent in private institutions. The rate for this class as a whole is 6 per hundred thousand of the estimated population of the State. The increase for the year is 182.

PATIENTS ON BOOKS, 1904 TO 1928 (INCLUSIVE).

Table 2 gives the total number of patients on the books of all public and private institutions for the years 1904 to 1928, inclusive.

¹ The decrease is partly due to a change in criteria in placing cases committed for observation under Section 100 in the temporary care group and withdrawing them from the insane group. Disregarding this change, there was actually an increase of 88 patients for the year.

TABLE 2. — *Total on Books of All Public and Private Institutions, September 30, 1904-1928 inclusive.*

YEAR.	Total.	State Hospitals ¹ and McLean Hospital.	State Schools.	PRIVATE INSTITUTIONS. ²	
				Insane, Inebriates, etc.	Mentally Defective.
1904	11,705	10,519	847	259	80
1905	12,495	11,111	1,028	279	77
1906	13,159	11,665	1,120	298	76
1907	13,602	12,021	1,228	276	77
1908	14,440	12,752	1,332	282	74
1909	15,107	13,298	1,443	293	73
1910	15,996	13,968	1,654	294	80
1911	16,859	14,720	1,772	273	94
1912	17,640	15,274	1,985	283	98
1913	18,396	15,964	2,049	293	90
1914	18,414	15,759	2,366	222	67
1915	19,196	16,434	2,471	229	62
1916	20,203	17,020	2,873	250	60
1917	20,659	17,403	2,947	250	59
1918	21,510	17,934	3,115	297	164
1919	21,578	17,919	3,219	281	159
1920	21,716	18,123	3,163	269	161
1921	22,556	18,738	3,375	306	137
1922	23,199	19,467	3,315	285	132
1923	23,964	19,774	3,762	282	146
1924	24,897	20,043	4,075	629	150
1925	25,565	20,526	4,125	765	149
1926	25,646	20,607	4,145	737	157
1927	25,911	20,843	4,162	747	165
1928	26,802	21,218	4,304	1,120 ³	170

¹ Including Insane in Family Care under Department, non-mental patients at Monson State Hospital, voluntary and temporary care cases at all institutions, Bridgewater and Tewksbury.

² Includes U. S. Veterans' Hospitals Nos. 107 and 95.

³ Increase largely due to U. S. Veterans' Hospital No. 107 being admitted to Statistical System as a licensed Institution on Aug. 11, 1928.

Since 1904 there has been an increase of 15,097 patients requiring institutional care, representing a percentage increase of 128.9. The insane in public institutions show an increase in number of 10,699, representing a percentage increase of 101.6. The mentally defective in public institutions show an increase of 3,457, representing a percentage increase of 408.1.

ANNUAL INCREASE OF PATIENTS ON BOOKS, 1904 TO 1928 (INCLUSIVE).

The average annual increase of patients on the books of all institutions over the past twenty-five years has been 644 (Table 3). For the State Hospitals and McLean alone, the average annual increase has been 467. For the State Schools alone the average annual increase has been 140. For private institutions for the insane, inebriates, etc., the average annual increase has been 34. For private institutions for the mentally defective alone the average annual increase has been 3.

TABLE 3. — *Annual Increase of Patients on Books, 1904-1928, inclusive.*

YEAR.	Total.	State Hospitals ¹ and McLean Hospital.	State Schools.	PRIVATE INSTITUTIONS.	
				Insane, Inebriates, etc.	Mentally Defective.
1904	1,018	980	47	-1 ¹	-8
1905	790	592	181	20	-3
1906	664	554	92	-19	-1
1907	443	356	108	-22	1
1908	838	731	104	6	-3
1909	667	546	111	11	-1
1910	889	670	211	1	7
1911	863	752	118	-21	14
1912	781	554	213	10	4
1913	756	690	64	10	-8
1914	18	-205 ²	317	-71	-23
1915	782	675	105	7	-5
1916	1,007	586	402	21	-2
1917	456	383	74	-	-1
1918	851	531	168	47	105
1919	68	-15	104	-16	-5
1920	138	204	-56	-12	2
1921	840	615	212	37	-24
1922	643	729	-60	-21	-5
1923	765	307	447	-3	14
1924	933	269	313	347	4
1925	668	483	50	136	-1
1926	81	81	20	-28	8
1927	265	236	17	10	8
1928	891	375	142	373 ³	5
Average 25 years	644	467	140	34	3

¹ Including Insane in Family Care under Department, and all patients held in institutions under commitment as insane, or other forms of admission. Includes Bridgewater and Tewksbury.

² Minus sign indicates decrease.

³ This increase is due largely to the inclusion of U. S. Veterans' Hospital No. 107.

PATIENTS ACTUALLY IN INSTITUTIONS, 1904 TO 1928 (INCLUSIVE).

Table 4 gives the number of patients in public institutions for the insane, epileptic, mentally defective and McLean Hospital who were actually in the institutions on September 30 of each year from 1904 to 1928, inclusive. Since 1904 there has been an increase of 12,426 patients actually occupying hospital beds in these institutions, representing a percentage increase of 116.1. The data for private hospitals are not available.

Since 1904 there has been an increase of 9,361 patients occupying beds in the institutions for the insane, representing a percentage increase of 94.9. The patients actually in State Schools show an increase of 3,065 and a percentage increase since 1904 of 361.8.

TABLE 4. — *Total Number of Patients Actually in Public Institutions and McLean Hospital, September 30, 1904-1928, inclusive.*¹

YEAR.	Total.	State Hospitals ² and McLean.	State Schools.
1904	10,702	9,855	847
1905	11,279	10,251	1,028
1906	11,541	10,421	1,120
1907	12,035	10,807	1,228
1908	13,010	11,678	1,332
1909	13,656	12,213	1,443
1910	14,346	12,779	1,567
1911	14,831	13,189	1,642
1912	15,547	13,702	1,845
1913	16,002	14,080	1,922
1914	16,603	14,409	2,194
1915	17,177	14,868	2,309
1916	17,848	15,266	2,582
1917	18,317	15,644	2,673
1918	18,448	15,685	2,763
1919	18,360	15,621	2,739
1920	18,712	15,892	2,820
1921	19,586	16,645	2,941
1922	19,865	17,016	2,849
1923	20,504	17,265	3,239
1924	21,179	17,719	3,460
1925	21,804	18,211	3,593
1926	22,033	18,373	3,660
1927	22,607	18,820	3,787
1928	23,128	19,216	3,912

¹ Includes all patients held in institutions under commitment as insane, or other forms of admission. Does not include family care cases.

² Includes Bridgewater and Mental Wards, Tewksbury.

ANNUAL INCREASE OF PATIENTS ACTUALLY IN INSTITUTIONS, 1904 TO 1928 (INCLUSIVE).

Over the past 25 years, the average annual increase of patients actually in State Institutions for the Insane, State Schools and McLean has been 528. (Table 5.) For State Hospitals and McLean alone the average annual increase has been 403; for State Schools alone, the average annual increase has been 124.

TABLE 5. — *Annual Increase of Patients Actually in Institutions, 1904-1928, inclusive.*

YEAR.	Total.	State Hospitals ¹ and McLean.	State Schools.
1904	766	719	47
1905	577	396	181
1906	262	170	92
1907	494	386	108
1908	975	871	104
1909	646	535	111
1910	690	566	124
1911	485	410	75
1912	716	513	203
1913	455	378	77
1914	601	329	272
1915	574	459	115
1916	671	398	273
1917	469	378	91
1918	131	41	90
1919	-88 ²	-64	-24
1920	352	271	81
1921	874	753	121
1922	279	371	-92
1923	639	249	390
1924	675	454	221
1925	625	492	133
1926	229	162	67
1927	574	447	127
1928	521	396	125
Average 25 years	528	403	124

¹ Includes all patients held in institutions under commitment as insane, or other forms of admission. Does not include family care cases. Includes patients at Bridgewater and Tewksbury.

² Minus sign indicates decrease.

PATIENTS "ON VISIT" AT STATE HOSPITALS.

The number of patients "on visit" at State Hospitals numbered 1842¹ on September 30, 1928, and 1848¹ on September 30 of the previous year, according to Table 6. 1928 shows a slight dropping off, the percentage for that year being 8.8; for 1927, 8.9.

Table 6 also gives the variation from hospital to hospital. The Boston Psychopathic Hospital has the highest percentage "on visit," although the absolute number "on visit" is comparatively small as compared with other State Hospitals.

TABLE 6. — *Patients on Visit in State Hospitals on September 30, 1927-1928.*

INSTITUTIONS.	1927.			1928.		
	Number on Books.	Number on Visit. ²	Per-centage.	Number on Books.	Number on Visit. ²	Per-centage.
Boston State	2,391	181	7.5	2,461	188	7.6
Boston Psychopathic	136	57	41.9	135	49	36.2
Bridgewater	960	6	.6	948	8	.8
Danvers	2,068	225	10.8	2,170	227	10.4
Foxborough	971	121	12.4	1,075	118	10.9
Gardner	1,164	33	2.8	1,195	53	4.4
Grafton	1,574	31	1.9	1,583	20	1.2
Medfield	1,842	67	3.6	1,854	54	2.9
State Infirmary, Mental Wards	782	9	1.1	800	12	1.5
Monson	1,325	114	8.6	1,318	104	7.9
Northampton	1,499	270	18.0	1,558	248	15.9
Taunton	1,636	162	9.9	1,666	197	11.8
Westborough	1,617	233	14.4	1,621	206	12.7
Worcester	2,630	339	12.8	2,593	358	13.9
Totals	20,595	1,848	8.9	20,977	1,842	8.8

From Table 7 it is noted that the smallest number of patients "on visit" during the past twenty-five years compared with the total number on the books, occurred in 1904 when the percentage was 2.6. There was a steady increase of patients out "on visit" from 1904 up to 1919, the percentage "on visit" in the latter year being 11.2. This percentage decreased slightly until 1922 when it rose to 11.6, followed the next year by 11.7. Since 1924 a steady decrease has been apparent until 1928, when the percentage was 8.7.³

TABLE 7. — *Number of Insane Patients on Visit at State Hospitals, and Total Patients on Books, 1904-1928, inclusive.⁴*

YEAR.	Total on Books.	Number of Patients on Visit. ⁵	Percentage.
1904	9,553	248	2.6
1905	10,076	400	3.9
1906	10,505	641	6.1
1907	10,904	693	6.3
1908	11,594	556	4.7
1909	12,117	584	4.8
1910	12,663	643	5.1
1911	13,179	845	6.4
1912	13,558	787	5.8
1913	14,092	719	6.5
1914	14,546	969	6.7
1915	15,415	992	6.4
1916	15,967	1,254	7.8

¹ Includes non-mental cases at Monson.² Includes escapes, 220 (1927) and 250 (1928). Includes all patients held in institutions under commitment as insane or other forms of admission, and non-mental cases at Monson State Hospital.³ Prior to 1917 patients were kept "on visit" indefinitely. That year the Commissioner outlined the policy of discharging patients at the end of one year. This fact may be partially responsible for a gradual reduction in numbers "on visit" during succeeding years. That is, cases are no longer carried "on visit" indefinitely, but discharged. This increases the discharges but reduces the visits.⁴ All classes on books of State Hospitals, Tewksbury and Bridgewater, excluding inebriates at Foxborough, sane epileptics at Monson, and patients in family care under the Department.⁵ Includes escapes (250 for the year 1928).

TABLE 7. — *Number of Insane Patients on Visit at State Hospitals, and Total Patients on Books, 1904-1928, inclusive*¹ — Concluded.

YEAR.	Total on Books.	Number of Patients on Visit. ²	Percentage.
1917	16,302	1,328	8.1
1918	16,811	1,775	10.5
1919	16,866	1,902	11.2
1920	17,067	1,873	10.9
1921	17,654	1,800	10.2
1922	18,327	2,131	11.6
1923	18,615	2,184	11.7
1924	18,868	2,045	10.8
1925	19,330	2,035	10.5
1926	19,386	1,932	9.9
1927	19,615	1,745	8.9
1928	20,058	1,746	8.7

¹ All classes on books of State Hospitals, Tewksbury and Bridgewater, excluding inebriates at Foxborough, sane epileptics at Monson, and patients in family care under the Department.

² Includes escapes (250 for the year 1928).

Escapes have been included in these totals owing to the fact that up to 1928 there was no way to separate escapes from those "on visit." In 1928 the number of escapes was 250.

FAMILY CARE UNDER INSTITUTION TRUSTEES AND UNDER DEPARTMENT.

It has been the custom of the Department to board out suitable patients in accredited and supervised families, the latter being reimbursed by the State. These patients may be boarded out either under the authority of the trustees of the several State Hospitals (exclusive of Bridgewater and Mental Wards, Tewksbury) or under the authority of the Department of Mental Diseases.

Table 75 in the statistical appendix gives detailed data with regard to the hospital movement of this class of patient for 1928. Table 8 includes only the more significant data.

TABLE 8. — *Family Care under Institution Trustees and under Department during 1928.*

	Worcester.	Taunton.	Northampton.	Danvers.	Westborough.	Boston.	Grafton.	Medfield.	Gardner.	Total for Hospitals.	Under Department.
Number of patients under care Sept. 30, 1927	14	8	6	22	15	10	10	8	56	149	20
Men	1	1	—	1	—	—	1	—	46	50	—
Women	13	7	6	21	15	10	9	8	10	99	20
Admitted within the year	3	1	6	3	18	6	4	10	58	109	1
Men	—	—	—	—	10	—	—	—	27	37	—
Women	3	1	6	3	8	6	4	10	31	72	1
Number of patients remaining Sept. 30, 1928	13	6	6	18	25	7	8	10	45	138	19
Men	1	—	—	1	9	—	—	—	17	28	—
Women	12	6	6	17	16	7	8	10	28	110	19

During 1928, 109 new cases were admitted to family care under the authority of the trustees of the several State Hospitals. At the beginning of the statistical year (October 1, 1927) there were 149 patients in family care, and at the end of the year (September 30, 1928) there were 138 patients remaining. Eleven cases were discharged from family care during the course of the year.

One new case was admitted to family care under the authority of the Department of Mental Diseases. At the beginning of the year (October 1, 1927) there were 20 cases, and at the end (September 30, 1928) there were 19 cases. One patient was discharged from family care under the Department during the year.

The cost of care for patients in family care under the trustees of the various institutions is included in the expense of the individual institution which boards out such patients. The cost of care for patients in family care under the Department is given below in detail, together with similar costs for the year 1927 (Table 9).

TABLE 9. — *Annual Cost of Family Care Patients under the Department of Mental Diseases, 1928.*

	Fiscal Year ending Nov. 30, 1928.	Fiscal Year ending Nov. 30, 1927.
Payments for board	\$4,785.63	\$4,173.43
Average number of patients, exclusive of private patients	18	19
Weekly per capita cost of board	\$5.11	\$4.22
Payments for extra clothing, not included in board rate		
Payments for medical attendance, etc., not included in board rate	\$20.64	\$9.00
Weekly per capita cost of such expenses, outside of board rate	\$0.02	\$0.08
Weekly per capita cost of support (being cost of board, clothing, medical attendance, etc.)	\$5.13	\$4.30
Payments for supervision (being transportation, salaries and expenses of visitors)	\$2,373.77	\$2,343.67
Average number of patients	19	20.12
Weekly per capita cost of supervision	\$2.40	\$2.25
Weekly per capita cost of support and Supervision	\$7.53	\$6.55

EX-SERVICE MEN IN STATE HOSPITALS.

Table 10 gives the number of ex-service men in State Hospitals. The majority of these patients are being cared for in the U. S. Veterans' Hospitals at Northampton and Bedford.

TABLE 10. — *Number of Ex-Service Men in State Hospitals during 1928.*¹

	ALL HOSPITALS.		
	Males.	Females.	Total.
Number of ex-service Men on books:			
October 1, 1927	384	1	385
September 30, 1928	387	—	387
Daily average number on books during year	408.18	1	409.18
Daily average number actually in hospitals during year	392.97	1	393.97

¹ Includes Bridgewater and Mental Wards, Tewksbury.

The number of ex-service men on the books of State Hospitals at the beginning of the statistical year (October 1, 1927) was 385. At the end of the statistical year (September 30, 1928) there were 387 ex-service patients.

The daily average number on the books was 409.1, while the daily average number actually cared for during the year was 393.9.

MENTAL DISEASES AND EPILEPSY.

Forms of Admission.

In Massachusetts patients are admitted to hospitals for the insane and epileptic under the following statutes:

1. Commitment of Insane: Sec. 51, Chap. 123, G. L.

a. Application.

b. Medical certificate by two physicians in actual practice for three years preceding the making of the oath.

c. Order of commitment by justice of the Superior Court in any county, and either of the judges of Probate for Suffolk County, the judge of Probate for Nantucket County, or a justice or *special* justice of a district court.

2. Commitment for Observation: Sec. 77, Chap. 123, G. L.
 - a. Application.
 - b. Medical certificate by two qualified physicians.
 - c. Order of commitment for thirty-five days by judge.
 - d. Report of Hospital Superintendent to judge relative to commitment from observation.
 - e. Commitment from observation by judge, if insane, or
 - f. Discharge by Superintendent if not insane.
3. Temporary care of persons needing immediate care and treatment because of mental derangement other than drunkenness. Sec. 79, Chap. 123, G. L.
 - a. Commitment limited to ten days.
 - b. Application may be made by a physician, a police officer or selectman of a town, member of the Board of Health, member of State Police, or agent of the institution's registration department of Boston.
4. Commitment of persons violently insane without order of the court. Emergency admission Sec. 78, Chap. 123, G. L.
 - a. Certificate of two qualified physicians.
 - b. Period of detention five days.
 - c. Applicant responsible for commitment or removal within five days.
5. Voluntary admission: Sec. 86, Chap. 123, G. L.
 - a. For admission of insane persons, inebriates or narcotic addicts on a voluntary basis, who make written application therefor and are mentally competent to make the application.
 - b. Cannot be detained for more than three days after having given three days' written notice of intention to leave.
6. Commitment of persons under complaint or indictment, Sec. 100, Chap. 123, G. L.
 - a. Commitment pending the determination of insanity, under such limitations as the court may order.
 - b. Report of Hospital Superintendent to the court when patient is restored to sanity and return of patient to custody of court from which he was removed.
7. Commitment of persons acquitted of murder, etc., by reason of insanity, Sec. 101, Chap. 123, G. L.
 - a. Committed to State Hospital for life.
 - b. Discharge by Governor upon recommendation of Department of Mental Diseases.
8. Examination of alleged insane prisoners in the State Prison, Massachusetts Reformatory, Prison Camps and Hospital, Reformatory for Women, by psychiatrists designated by the D. M. D. Sec. 102, Chap. 123, G. L.
9. Removal of insane prisoners to state hospitals committed under Sec. 102; Sec. 103, Chap. 123, G. L.
 - a. Removal of insane prisoner to Bridgewater State Hospital, if a male, or one of the state hospitals, if a female.
 - b. Report of hospital superintendent to court if in his judgment patient should be returned to prison.
10. Commitment of insane prisoners under sentence in a jail, house of correction, or prison other than those named in Sec. 102; — Sec. 104, Chap. 123, G. L.
 - a. Report of physician to jailer regarding insanity of prisoner.
 - b. Transmitting of above report to judge.
 - c. Removal of insane prisoners to state hospitals.
11. Commitment of insane epileptics, Sec. 69, Chap. 123, G. L.
 - a. Commitment to Monson State Hospital of insane epileptics, if not criminal, inebriate or violently insane.
 - b. Commitment to Monson State Hospital of dangerous epileptics, in the manner provided for the commitment of dipsomaniacs and inebriates.

12. Voluntary admission of epileptics to Monson State Hospital, Sect. 87, Chap. 123, G. L.
- a. Certificate of epilepsy by physician.
 - b. Written application of patient who is mentally competent to make the application.
 - c. Cannot be detained more than three months after having given written notice of intention to leave.

For purposes of statistical treatment, the various modes of admission have been classified under four headings:

- 1. *Regular Court Commitment.* — Under regular commitment are included commitments under Sec. 51; Regular commitment from observation, 77; 101 (as amended by Sec. 3, Chap. 467, Acts of 1923); 103, 104 and 69; Chap. 123, G. L.; and Sect. 62 (as amended by Sec. 4, Chap. 535, Acts of 1922).
- 2. *Observation.* — Observation cases are patients admitted under authority of Sec. 100, Chap. 123, G. L.; and Sect. 77, Chap. 123, G. L.; as amended by Chap. 19, Acts of 1924.
- 3. *Temporary Care.* — Under temporary care commitments are included Sections 55, 78, 79, 80 and 84, Chap. 123, G. L.; and Chap. 307, Acts of 1910.
- 4. *Voluntary.* — Voluntary cases are patients admitted under authority of Sec. 86; Chap. 123, G. L., as amended by Chap. 132 of the Acts of 1926; and Sec. 87, Chap. 123, G. L.

ADMISSIONS.

Regular Court Admissions to State Hospitals and McLean.

In 1928 the fourteen State Hospitals (of which twelve are directly under the Department of Mental Diseases and two, Bridgewater and Tewksbury, are supervised by the Department of Mental Diseases) and McLéan, the largest private hospital, recorded 3,841 total admissions under regular commitment. Of these 3,139 or 81.7 per cent were first admissions; 702 or 18.3 per cent were readmissions. There was an increase of 344 in total admissions for the statistical year 1928. This included an increase of 311 first admissions, and an increase of 33 readmissions. The total admission rate for 1928 was 88 per one hundred thousand of the estimated population of the State. The first admission rate was 72, and the readmission rate was 16.

Table 11 gives the necessary data for the above computations as well as for each of the hospitals for 1927 and 1928. It will be noted that most of the institutions reflect the increase stated above.

TABLE 11. — *First Admissions and Readmissions by Regular Court¹ Commitment to State Hospitals and to McLean Hospital, 1927 and 1928.*

HOSPITALS.	TOTAL ADMISSIONS.		FIRST ADMISSIONS.		READMISSIONS.	
	1927.	1928.	1927.	1928.	1927.	1928.
Boston State	488	492	400	411	88	81
Boston Psychopathic	134	187	121	168	13	19
Danvers	558	586	434	470	124	116
Foxborough	180	248	147	193	33	55
Gardner	76	94	66	78	10	16
Grafton	55	31	44	24	11	7
Medfield	110	140	84	97	26	43
Northampton	430	471	356	391	74	80
Taunton	351	436	287	367	64	69
Westborough	407	406	307	319	100	87
Worcester	475	475	389	402	86	73
Monson (epileptic) ²	23	94	23	78	—	16
Bridgewater	62	46	57	30	5	16
Tewksbury	43	51	40	47	3	4
McLean	105	84	73	64	32	20
Totals	3,497	3,841	2,828	3,139	669	702

¹ For cases included under regular court commitment see page 97.
² Includes 24 first admissions and 14 readmissions committed on R. C. 69, Sane dangerous, at Monson.

Regular Court Admissions, 1904 to 1928, inclusive.

Table 12 gives the number of first regular court commitments (first admissions) to public and also to private hospitals for the insane and epileptic for the years 1904 to 1928, inclusive. When studied over a number of years, the first regular court commitments probably give the best rough index of the magnitude of mental disease throughout the state. However, these data must be studied relative to admissions under other classifications. As will be noted, there is some fluctuation between 1904 and 1928, but the general trend since 1912 is somewhat stationary. This, taken together with an examination of the rates of admission under other classifications, justifies the belief that for some years past, mental disease has not been on the increase, at least for this State.

TABLE 12. — *First Regular Court¹ Commitments (First Admissions) to Public and Private² Hospitals for the Insane and Epileptic, 1904–1928, inclusive.*

YEAR.	TOTAL HOSPITALS.		State Hospitals.	McLean.	Private.
	Number.	Rate per 100,000 General Population.			
1904	3,160	80.9	2,337	89	28
1905	2,237	72.4	2,136	72	29
1906	2,120	67.3	1,990	87	43
1907	2,463	76.8	2,286	128	49
1908	2,555	78.3	2,383	108	64
1909	2,536	76.5	2,340	111	85
1910	2,677	79.4	2,470	112	95
1911	2,680	78.4	2,459	106	115
1912	2,772	79.9	2,562	98	112
1913	3,247	92.6	3,024	84	139
1914	3,112	87.1	2,925	61	126
1915	3,264	90.6	3,087	60	117
1916	3,323	87.8	3,109	76	138
1917	4,315 ³	82.6 ⁴	4,097 ³	62	156
1918	3,894 ³	72.5 ⁴	3,702 ³	64	128
1919	4,011 ³	78.8 ⁴	3,752 ³	64	195
1920	3,009	77.6	2,768	51	190
1921	3,310	84.5	3,054	45	211
1922	3,508	88.4	3,325	31	152
1923	3,006	75.0	2,786	50	170
1924	3,208	78.8	2,881	53	274
1925	3,134	77.4	2,902	63	169
1926	3,071	73.5	2,821	70	175
1927	2,953	69.8	2,755	73	125
1928	3,423	80.3	3,075 ⁵	64	284 ⁶

¹ For cases included under regular court commitment see page 97.

² Includes U. S. Veterans' Hospitals Nos. 95 and 107.

³ Includes temporary care admissions.

⁴ Estimated, less temporary care admissions.

⁵ Includes 24 first admissions on court commitment, R. C. 69, Sane Dangerous, at Monson State Hospital.

⁶ Increase due to U. S. Veterans' Hospital No. 107 opening August 11, 1928.

Temporary Care Admissions to State Hospitals.

During 1928, 1,735 patients were admitted to State Institutions for the insane and epileptic under a temporary care status. Of this number 1,422 or 81.9 per cent were admitted under this status for the first time, and 313 or 18.0 per cent were readmitted. The rate per one hundred thousand of the estimated population of the state for all admissions under temporary care is 40; for first admissions, 32; and for readmissions, 7.

It will be noted in Table 13 that the Boston Psychopathic Hospital receives the largest number of temporary care cases. There were 1,246 first admissions (81.6 per cent of the total admissions at this hospital), and 281 readmissions (18.4 per cent of the total admissions). The number admitted to the Boston Psychopathic Hospital is larger than one would expect from the Metropolitan

area from which most of the cases are admitted. (Bridgewater and Tewksbury should not be considered in this comparison because these hospitals do not receive patients under this status.)

TABLE 13. — *Admissions and Readmissions of Temporary Care Cases to State Hospitals for the Year ended September 30, 1928.*¹

HOSPITALS.	Total Admissions.	First Admissions.	Readmissions.
Boston State	76	62	14
Boston Psychopathic	1,527	1,246	281
Danvers	46	40	6
Foxborough	3	2	1
Gardner	11	10	1
Grafton	—	—	—
Medfield	4	3	1
Northampton	11	9	2
Taunton	19	16	3
Westborough	6	4	2
Worcester	31	29	2
Monson (epileptic)	1	1	—
Bridgewater	—	—	—
Tewksbury	—	—	—
Totals	1,735	1,422	313

¹ For cases included under temporary care, see page 97.

Observation Admissions to State Hospitals.

Table 14 gives 458 as the total number of cases admitted to State Hospitals under an observation status. Of this total, 341 or 74.5 per cent were first admissions, and 117 or 25.5 per cent, readmissions. The rate per one hundred thousand of the estimated population of the state is 10 for total admissions; for first admissions, 7, and 2 for readmissions.

TABLE 14. — *Admissions and Readmissions of Observation Cases to State Hospitals for the Year ended September 30, 1928.*¹

HOSPITALS.	Total Admissions.	First Admissions.	Readmissions.
Boston State	55	16	39
Boston Psychopathic	133	100	33
Danvers	48	35	13
Foxborough	13	7	6
Gardner	2	2	—
Grafton	—	—	—
Medfield	7	6	1
Northampton	24	22	2
Taunton	38	36	2
Westborough	46	42	4
Worcester	78	68	10
Monson (epileptic)	—	—	—
Bridgewater	14	7	7
Tewksbury	—	—	—
Totals	458	341	117

¹ For cases included under observation, see page 97.

Here again it will be noted that the Boston Psychopathic Hospital has the largest share of admissions of this type. However, the difference here is not as outstanding as was noted in the discussion of admissions under temporary care status.

Voluntary Admissions to State Hospitals.

Voluntary admission to hospitals is the ideal form of admission to which psychiatrists look, and its use is frequently encouraged. Each year the number admitted under this status fluctuates, but the fluctuation is due largely to legal restrictions. In 1928, 216 voluntary patients were admitted to State Hospitals, of which 170 or 78.7 per cent were first admissions, and 46 or 21.3 per cent were readmissions (Table 15).

TABLE 15. — *Admissions and Readmissions of Voluntary Cases to State Hospitals for the Year ended September 30, 1928.*¹

HOSPITALS.	Total Admissions.	First Admissions.	Readmissions.
Boston State	—	—	—
Boston Psychopathic	58	51	7
Danvers	5	4	1
Foxborough	7	5	2
Gardner	5	4	1
Grafton	—	—	—
Medfield	—	—	—
Northampton	7	2	5
Taunton	3	2	1
Westborough	4	4	3
Worcester	12	11	1
Monson (epileptic)	112	87	25
Bridgewater	—	—	—
Tewksbury	—	—	—
Totals	216	170	46

¹ For cases included under voluntary, see page 97.

Voluntary Admissions to Public and Private Institutions.

Table 16 illustrates the fluctuation in this form of admission since 1911. As has been stated, most of this is due largely to legal and administrative restrictions. The highest admission number of voluntary cases was in 1917; the lowest in 1923. During the statistical year 1928, there were 419 voluntary admissions.

TABLE 16. — *Voluntary Care Admissions to Public and Private Institutions, 1911-1928.*¹

[Rates per 100,000 estimated population of the State.]

YEARS.	Number.	Rate.	YEARS.	Number.	Rate.
1911	359	10.52	1920	641	16.60
1912	414	11.96	1921	805	20.58
1913	788	22.45	1922	813	20.53
1914	931	26.15	1923	304	7.56
1915	963	26.67	1924	403	10.00
1916	765	20.60	1925	330	8.00
1917	895	24.12	1926	341	8.15
1918	865	23.00	1927	416	9.83
1919	880	23.09	1928	419	9.70

¹ For all institutions for the insane and epileptic, both public and private.

It is to be noted with interest that during the year covering this report, there were 216 voluntary, and 1,735 temporary care admissions to the State Hospital system alone, making a total of 1,951 cases admitted without court or judge or any other form of procedure.

Legal Status of Regular Court Admissions.

As we have seen before, 3,139 persons were admitted to State Hospitals and McLean for the first time under the status of regular court admission, and 702 persons were readmitted under this status. It is interesting to note (Table 17) that 56.4 per cent of all first admissions were admitted outright under this status; 28.0 per cent had been held under a temporary care status immediately preceding the court admission; 3.2 per cent were held under a status of temporary care followed by observation immediately preceding the court admission; and 11.6 per cent had an observation admission only, preceding the regular court admission. In the case of readmissions, 57.3 per cent were admitted outright under the status of regular court admission; 33.0 per cent were preceded by a temporary care admission; 2.6 per cent were under temporary care immediately followed by observation and court; and 6.0 per cent were under a status of observation only, previous to the regular court admission. In both the first admissions and readmissions the various forms noted previous to the regular court admission immediately preceded the latter status without the patient having left the hospital.

TABLE 17. — *Legal Status of Regular Court ¹ Admissions to State Hospitals ² and to McLean for the Year ended September 30, 1928.*

	FIRST ADMISSIONS.		READMISSIONS.	
	Number.	Percentage.	Number.	Percentage.
Regular Court	1,771	56.4	402	57.3
Temporary Care and Court	882	28.0	232	33.0
Temporary Care, Observation, Court	98	3.2	18	2.6
Observation and Court	362	11.6	42	6.0
Others and Court	26	.8	8	1.1
Totals	3,139 ³	100.0	702 ³	100.0

¹ For admission forms included under regular court commitment see page 97.

² Includes Bridgewater and Tewksbury.

³ Includes 24 first admissions and 14 readmissions on regular court commitment R. C. 69, Sane Dangerous, at Monson State Hospital.

Table 17 is of special interest because it gives a concise bird's-eye picture of the legal procedure involved in admitting patients to our State Hospitals.

Number of Times Admitted to State Hospitals and McLean.

Table 18 gives the total number of times admitted, of all cases received by regular commitment at State Hospitals during the year 1928. 81.9 per cent of the cases were admitted for the first time on a regular court commitment. The remaining cases had from two to ten or more admissions to insane hospitals. There is very little sex difference. The average number of times admitted for males is 1.40; for females, 1.46; and for both sexes, 1.43.

TABLE 18. — *Number of Times Admitted, Regular Court Commitments, 1928.*¹

NUMBER OF ADMISSIONS.	NUMBER.			PERCENTAGE.		
	M.	F.	T.	M.	F.	T.
One	1,643	1,472	3,115	83.75	80.08	81.98
Two	130	132	262	6.54	7.28	6.87
Three	88	117	205	4.43	6.36	5.36
Four	37	54	91	1.91	2.91	2.40
Five	32	34	66	1.61	1.83	1.72
Six	10	9	19	.50	.48	.50
Seven	6	11	17	.30	.59	.44
Eight	7	1	8	.35	.05	.21
Nine	4	3	7	.20	.16	.18
Ten or more	8	5	13	.41	.26	.34
Totals	1,965	1,838	3,803	100.00	100.00	100.00
Mean	1.40	1.46	1.43	—	—	—

¹ Includes Bridgewater, Tewksbury and McLean. Does not include cases committed as Sane Dangerous at Monson State Hospital.

Seasonal Variation in Admissions to State Hospitals and McLean.

Table 19 gives the seasonal variation of admissions to State Hospitals and McLean for the statistical year ended September 30, 1928. All types of admission are summed up in the grand total. As may be noticed, the greatest number of admissions occurred in the month of May, while the fewest occurred in September. This finding is also noted in the first admissions under regular court commitment, which make up the greater bulk of all admissions.

TABLE 19. — *Seasonal Variation: Total Admissions to State Hospitals, 1928.*¹

MONTH OF ADMISSIONS.	GRAND TOTAL.			REGULAR COURT ADMISSIONS.						ALL TEM- PORARY CARE AND VOLUNTARY ADMISSIONS. ²		
				FIRST ADMISSIONS.			READMISSIONS.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
October, 1927	291	228	519	144	120	264	24	25	49	123	83	206
November, 1927	261	231	492	125	130	255	26	23	49	110	78	188
December, 1927	282	224	506	145	112	257	24	32	56	113	80	193
January, 1928	281	254	535	136	129	265	24	34	58	121	91	212
February	257	220	477	128	116	244	20	24	44	109	80	189
March	330	244	574	150	129	279	37	21	58	143	94	237
April	292	215	507	134	118	252	32	22	54	126	75	201
May	329	281	610	169	151	320	29	37	66	131	93	224
June	285	236	521	131	109	240	29	35	64	125	92	217
July	267	265	532	130	109	239	24	36	60	113	120	233
August	269	261	530	135	147	282	26	37	63	108	77	185
September	245	229	474	116	102	218	27	40	67	102	87	189
Totals	3,389	2,888	6,277	1,643	1,472	3,115	322	366	688	1,424	1,050	2,474
Average	282	240	523	136	122	259	26	30	57	118	87	206

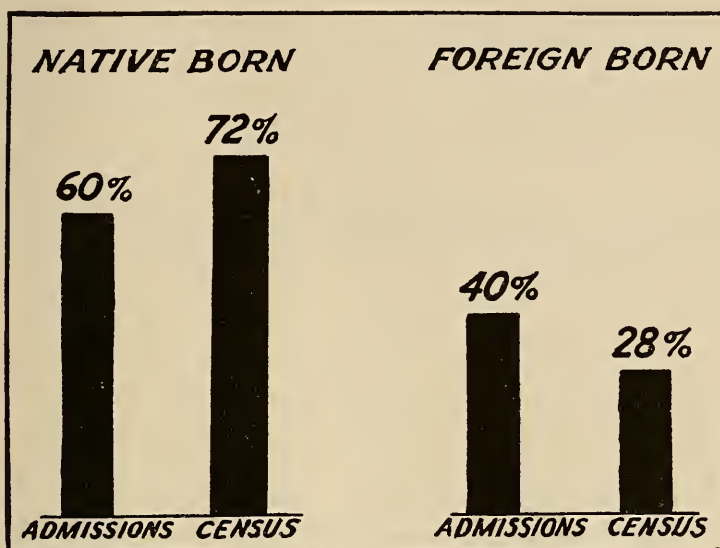
¹ Includes McLean, Tewksbury and Bridgewater.

² All forms of Temporary Care, including Observation.

The month of admission for other forms as classified in Table 19 does not agree with the findings as noted for the grand total and for first admissions under regular court commitment.

Nativity or Country of Birth of Admissions.

Table 20 and Graph 1 give the regular court admissions and temporary admissions in terms of nativity and parentage. For purposes of discussion it seems best not to consider regular court admissions apart from temporary admissions.



GRAPH 1. — NATIVITY OF FIRST ADMISSIONS, 1928, COMPARED WITH POPULATION OF MASSACHUSETTS (U. S. CENSUS, 1920).

TABLE 20. — *Nativity and Parentage of Admissions — By Type of Admission, 1928.*¹

	Aggre- gate.	Foreign Born.	Native- Born. ²	PARENTAGE OF NATIVE-BORN. ³			
				Native.	Foreign.	Mixed.	Un- known.
Number of First Regular Court Admissions	3,115	1,257	1,858	861	584	342	71
All Temporary Admissions ⁴	2,198	867	1,331	544	477	289	21
Both Types	5,313	2,124	3,189	1,405	1,061	631	92
Percentage of Total Admissions: ⁵							
First Regular Court Admissions	100.0	40.2	59.8	46.4	31.4	18.4	3.8
All Temporary Admissions	100.0	39.4	60.6	40.8	35.9	21.7	1.6
Both Types	100.0	39.1	60.9	44.0	33.4	19.8	2.8
State Population U. S. Census, 1920 ⁵	100.0	28.3	71.7	45.2	40.1	14.7	—

¹ Includes Bridgewater, Tewksbury and McLean.

² Native-born include all races, while census figures are for native white alone; but the error is not large.

³ Percentages are based on total "native-born."

⁴ Includes both Temporary Care and Observation admissions.

⁵ Based on excluding unknowns.

From the point of view of nativity of the patient, there is an excess of the foreign born; but from the point of view of parentage of native-born patients, there seems to be no distinct preponderance of either foreign or native-born stock.¹

Average Age at Admission.

The average age at admission of all first regular admissions (Table 21) is 46.6 for males, 46.9 for females, and 46.7 for both sexes. The average age for the native-born is less than for foreign born; 45.2 for male native-born as compared with 49.7 for male foreign born. For female native-born the average age is 44.9; for the female foreign born, 50.4. For both sexes of the native-born the average age is 45.0; for both sexes of the foreign born, 50.1.

¹ It may be that this excess of the foreign born in admissions is more apparent than real. The foreign born within the country constitute the older age groups. Therefore, a rate on admission compared with the general population would probably be higher than in a comparison with the native. In the native portion of the population there are relatively higher percentages of the younger age groups, while the average age at admission is comparatively high. Rates based on these two factors would result in a lower admission rate for the native-born.

TABLE 21. — *Percentage Distribution of Ages of First Regular Admissions, 1928 — By Nativity, Parentage and Sex.*¹

AGE GROUPS.	AGGREGATE.			NATIVE BORN.												FOREIGN BORN.					
	M. F. T.			TOTAL.			PARENTAGE.				MIXED.				UNKNOWN.						
				NATIVE.			FOREIGN.			M. F. T.		M. F. T.		M. F. T.		M. F. T.					
				M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 15 years	1.0	1.1	1.1	1.7	1.6	1.6	7	1.5	1.0	2.5	7	1.7	3.1	3.9	3.4	—	—	—	.9	.3	.2
15-19 years	4.9	4.7	4.7	7.5	7.2	7.2	8.1	5.1	6.7	7.9	8.6	8.2	7.1	7.7	7.4	—	6.9	2.8	4.1	4.9	4.5
20-24 years	7.8	7.5	7.7	10.1	9.4	9.7	7.4	8.3	7.8	12.3	11.5	11.9	14.8	9.0	12.2	—	—	2.8	6.8	6.0	6.5
25-29 years	8.2	8.0	8.1	9.0	9.4	9.2	8.1	8.0	8.0	9.8	12.6	11.1	9.7	9.0	9.4	9.5	—	5.6	9.2	7.8	8.5
30-34 years	9.5	8.6	9.1	9.7	9.2	9.4	8.5	8.0	8.3	12.7	11.9	12.3	9.2	8.4	8.8	2.4	3.4	2.8	8.7	11.6	10.1
35-39 years	8.0	10.6	9.3	7.6	9.9	8.7	7.6	8.8	7.1	6.6	9.7	8.1	12.7	14.8	13.6	11.9	3.4	8.5	8.7	10.1	11.1
40-44 years	9.5	8.7	9.1	7.8	7.7	7.8	9.8	6.6	8.3	5.7	6.5	6.1	7.1	12.9	9.7	4.8	6.9	5.6	12.1	9.8	11.1
45-49 years	9.1	8.4	8.8	7.0	7.4	7.2	7.2	7.5	7.4	7.9	7.2	7.6	5.1	8.4	6.6	7.1	3.5	5.6	12.3	9.8	11.1
50-54 years	7.9	7.8	7.9	7.3	7.9	7.6	6.8	9.5	8.0	8.9	7.9	8.4	7.6	4.5	6.3	—	—	1.4	9.0	7.8	8.5
55-59 years	6.3	5.7	6.1	5.7	4.8	5.3	5.8	5.8	5.9	6.3	4.7	5.6	4.1	1.9	3.1	7.1	6.9	7.0	7.4	7.0	7.2
60-64 years	6.5	7.3	6.9	5.8	6.3	6.1	6.8	6.4	6.6	5.7	5.7	5.4	3.6	5.2	4.2	14.3	17.2	11.3	7.7	8.9	8.2
65-69 years	6.2	5.3	5.9	5.8	4.3	5.1	5.5	3.8	4.6	5.2	5.7	5.4	5.6	3.2	4.7	14.3	3.5	9.9	6.7	7.0	6.8
70 years and over	15.1	16.3	15.3	15.0	15.3	15.1	19.7	20.7	20.3	8.5	7.3	7.9	10.3	11.1	10.6	35.8	37.9	36.7	15.1	17.7	16.3
Unknown	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mean Age	46.6	46.9	46.7	45.2	44.9	45.0	47.5	47.1	47.3	42.2	40.9	41.4	41.4	41.3	41.4	57.9	57.1	57.5	49.7	50.4	50.1

¹ Includes Bridgewater, Tewksbury and McLean.

TABLE 22. — *Percentage Distribution of Ages of All Temporary Admissions, 1928 — By Nativity, Parentage and Sex.*¹

AGE GROUPS.	NATIVE BORN.															FOREIGN BORN.					
	AGGREGATE.						TOTAL.									PARENTAGE.			FOREIGN BORN.		
	M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 15 years	2.3	1.9	2.2	3.7	3.2	3.4	3.4	2.5	2.9	4.2	3.3	3.7	3.7	4.5	3.8	7.1	—	4.8	—	—	—
15-19 years	8.0	12.1	9.8	12.8	17.7	4.1	12.8	14.7	13.7	11.9	19.6	15.3	13.8	18.0	15.9	14.3	42.8	23.8	1.0	3.4	1.9
20-24 years	9.6	10.6	10.0	12.6	11.7	12.2	12.8	13.8	13.0	14.2	9.6	12.2	11.6	11.1	11.4	—	14.3	4.8	5.3	8.6	6.7
25-29 years	10.7	9.8	10.4	13.5	11.0	12.8	12.5	12.1	12.4	12.6	10.6	11.9	16.4	9.0	13.5	14.2	—	9.5	6.8	7.8	7.3
30-34 years	12.7	12.4	12.0	13.5	12.2	13.5	11.2	12.6	11.8	12.4	12.5	12.4	18.2	11.0	15.2	21.4	—	14.2	11.6	12.5	12.0
35-39 years	9.8	14.9	11.9	9.6	11.9	10.6	9.6	10.0	9.8	8.9	10.6	9.8	10.9	16.7	13.5	7.1	14.3	9.5	10.1	19.7	14.0
40-44 years	11.0	8.9	10.2	7.5	8.9	8.1	7.8	8.8	8.3	8.6	6.8	7.8	6.0	12.1	8.7	—	14.3	4.8	16.1	8.9	13.1
45-49 years	8.5	8.9	8.7	5.7	6.3	5.9	4.3	8.8	6.3	5.3	4.9	5.0	9.0	4.8	6.9	7.1	—	4.8	12.4	12.8	11.4
50-54 years	9.2	7.9	8.7	7.3	6.4	6.9	6.9	6.3	7.2	8.3	8.3	8.2	4.9	4.8	4.5	7.1	—	4.8	11.8	10.0	11.0
55-59 years	6.5	5.6	6.0	4.9	3.9	4.5	4.9	3.5	5.4	4.2	6.3	5.3	2.5	2.4	2.5	—	—	—	8.8	7.5	8.1
60-64 years	5.2	3.0	4.6	4.1	3.9	4.0	4.0	2.6	3.6	5.3	6.3	5.7	1.2	3.2	2.1	7.3	—	4.8	7.2	2.7	5.3
65-69 years	3.3	2.0	2.8	2.3	1.0	1.8	2.9	1.7	2.3	2.6	.6	1.7	1.2	.8	1.0	—	—	—	4.6	3.6	4.1
70 years and over	3.2	2.0	2.7	2.5	1.9	2.3	3.6	2.6	3.3	1.5	.6	1.0	.6	1.6	1.0	14.4	14.3	14.2	4.1	2.5	5.0
Unknown	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mean Age	39.1	36.4	38.6	35.4	34.0	34.8	36.9	34.1	35.5	35.3	34.3	34.9	32.8	33.3	33.0	39.0	32.4	36.0	44.9	41.0	43.4

¹ Includes Bridgewater, Tewksbury and McLean. Includes both Temporary Care and Observation Admissions.

When considering the temporary admissions, we find that the average age in years for both sexes is 38.6, and for first regular admissions, 46.7 (Table 22).

In both classes of admission, it is found that the foreign born have a higher average age at admission for both sexes than the native-born.

Country of Birth of Foreign Born Admissions.

The largest proportion of admissions to our hospitals for the insane comes from Canada (including Newfoundland) and Ireland. (Table 23.) This is true irrespective of type of admission.

TABLE 23. — *Country of Birth of Foreign Born Admissions to State Hospitals and McLean, 1928.*

COUNTRY OF BIRTH.	Percent- age, Regu- lar First Admis- sions.	Percent- age, All Tem- porary Admis- sions. ¹	Total.	Per- centage, Foreign- born Popula- tion, State Census, 1920.	RATE PER 100,000 STATE POPULATION, SAME COUNTRY OF BIRTH, 1920 CENSUS.		
					Regular First Admis- sions.	All Tem- porary Admis- sions.	Total.
Canada (including N. F.)	23.8	19.1	22.2	24.9	125.8	61.3	186.8
Ireland	21.9	20.4	21.6	16.8	152.1	96.7	248.6
Italy	7.9	12.2	9.8	10.7	87.2	90.6	177.8
England	7.0	5.4	6.4	16.8	102.4	54.0	156.4
Russia	6.5	12.7	9.1	8.5	89.3	119.5	198.9
Poland	6.1	5.4	5.8	6.4	110.1	66.6	176.7
Portugal	4.2	2.1	3.4	2.7	184.9	62.0	246.5
Sweden	3.2	3.9	2.3	3.5	107.8	89.4	197.2
Scotland	2.9	1.5	2.4	2.6	130.0	46.4	175.6
Germany	2.2	1.7	2.0	2.0	126.8	68.1	194.7
Greece	1.8	1.8	1.4	1.9	110.9	80.0	190.7
Finland	1.3	.7	1.1	1.3	116.5	42.8	157.7
Austria	.9	.3	.7	.7	148.2	37.5	185.2
West Indies	.3	1.0	.6	1.1	95.8	225.0	308.0
All Other Countries	10.0	11.8	11.2	11.1	100.8	98.0	195.8
All Countries	100.0	100.00	100.0	100.0	—	—	—

¹ Includes Temporary Care and Observation Admissions.

Note. — Number of Foreign Born, Regular Commitments, First Admissions, 1,257; all Temporary Admissions not followed by Regular Commitment, 867.

Considering court commitments only, and disregarding those countries which contribute less than 2 per cent to the admissions tabulated, we find that the rates per 100,000 State population of the same country of birth are as follows:

Portugal	184.9	Ireland	152.1
Scotland	130.0	Germany	126.8
Canada	125.8	Poland	110.1
Sweden	107.8	England	102.4
Russia	89.3	Italy	87.2

The difference in rates which appears between the two types of admissions noted in Table 23 may be explained by fluctuations due to small numbers or by the fact that temporary forms of admission are more frequently used in some parts of the State than in others, and in these sections certain national groups are over-represented when compared with their rates for the State as a whole.

Length of Residence in United States of the Foreign Born.

Only a small percentage of our foreign born patients have lived in the United States less than 5 years prior to their admission to a state hospital for mental disease (Table 24). The majority (over three-quarters of the total admitted) have been in this country fifteen years or more. This is true not only of regularly committed foreign born cases, but also of foreign born patients admitted on a temporary care status.

TABLE 24. — *Length of Residence in United States of Foreign Born Admissions, 1928.*¹*First Regular Admissions.*

TIME IN UNITED STATES.	NUMBER.			PERCENTAGE.		
	M.	F.	T.	M.	F.	T.
Under 5 years	39	38	77	6.0	6.2	6.0
5-9 years	38	33	71	5.8	5.4	5.6
10-14 years	19	16	35	2.9	2.6	2.8
15 years and over	553	520	1,073	85.3	85.8	85.6
Totals	649	608	1,257	100.0	100.0	100.0

*All Temporary Admissions.*²

TIME IN UNITED STATES.	NUMBER.			PERCENTAGE.		
	M.	F.	T.	M.	F.	T.
Under 5 years	44	40	84	8.7	11.1	9.7
5-9 years	34	31	65	6.7	8.7	7.3
10-14 years	33	22	55	6.5	6.1	6.4
15 years and over	396	267	663	78.1	74.1	76.6
Totals	507	360	867	100.0	100.0	100.0

¹ Includes Bridgewater, Tewksbury and McLean.² All Temporary Care and Observation admissions.*Citizenship of All Admissions to State Hospitals and McLean.*

Table 25 gives the citizenship of all cases admitted for the first time to a State Hospital, irrespective of the legal status of admission. The majority, 62.0 per cent, are citizens by birth; 16.2 per cent are citizens by naturalization; 18.7 per cent are aliens; and 3.1 per cent are classified as unknown.

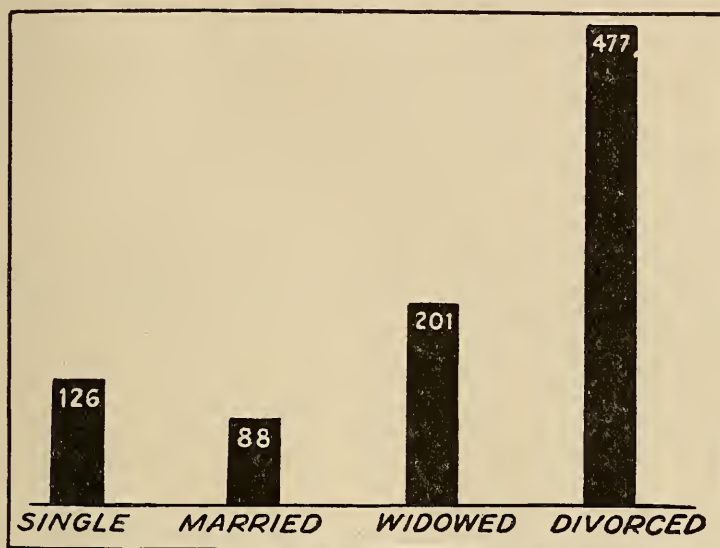
TABLE 25. — *Citizenship of All Admissions to State Hospitals.*¹

	MALES.		FEMALES.		TOTAL.	
	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.
Citizens by Birth	2,105	62.2	1,781	61.8	3,887	62.0
Citizens by Naturalization	555	16.3	469	16.2	1,024	16.2
Aliens	634	18.7	538	18.6	1,172	18.7
Citizenship Unknown	95	2.8	100	3.4	194	3.1
Totals	3,389	100.0	2,888	100.0	6,277	100.0

¹ Includes Bridgewater, Tewksbury, and McLean. Includes all cases admitted to insane hospitals irrespective of the legal status of admission. Does not include cases admitted by transfer.

Marital Condition of First Regular and Temporary Admissions.

Tables 26, 27 and Graph 2 show some interesting rates. The most significant are those for single and married patients, whether admitted under the status of first regular court commitment or under the status of temporary care. We find that the rate is higher for single than for married patients.



GRAPH 2. — MARITAL CONDITION OF FIRST ADMISSIONS, 1928. RATES PER 100,000 OF SAME MARITAL CONDITION IN MASSACHUSETTS POPULATION (U. S. CENSUS, 1920).

TABLE 26. — *Marital Conditions of First Regular Court Admissions, 1928.*¹

MARITAL CONDITIONS.	NUMBER.			PER CENT DISTRIBUTION.			PER 100,000 OF SAME MARITAL STATUS. ²		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single . . .	715	499	1,214	44.1	33.9	39.3	148.0	103.0	126.0
Married . . .	680	632	1,312	41.0	42.9	41.9	90.0	86.5	88.7
Separated . . .	15	20	35	.9	1.4	1.1	—	—	—
Widowed . . .	189	283	472	11.4	19.1	15.0	279.7	169.8	201.4
Divorced . . .	36	30	66	2.1	2.0	2.0	618.0	375.0	477.4
Unknown . . .	8	8	16	.5	.7	.7	—	—	—
Totals . . .	1,643	1,472	3,115	100.0	100.0	100.0	123.5	104.1	113.6

¹ Includes Bridgewater, Tewksbury and McLean.

² U. S. Census, 1920.

TABLE 27. — *Marital Conditions of All Temporary Admissions, 1928.*¹

MARITAL CONDITIONS.	NUMBER.			PER CENT DISTRIBUTION.			PER 100,000 OF SAME MARITAL STATUS. ²		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single	612	408	1,020	48.6	43.5	46.4	123.2	83.2	103.4
Married	541	403	944	42.9	43.0	42.9	70.5	55.2	62.9
Separated	6	16	22	.5	1.7	1.0	—	—	—
Widowed	62	87	149	4.9	9.3	6.8	91.7	52.0	63.0
Divorced	29	21	50	2.3	2.2	2.3	497.9	262.5	361.7
Unknown	10	3	13	.8	.3	.6	—	—	—
Totals	1,260	938	2,198	100.0	100.0	100.0	93.49	65.8	79.25

¹ Includes Bridgewater, Tewksbury and McLean. Includes Temporary Care and Observation Admissions.

² U. S. Census, 1920.

A less significant but important figure is that for the "widowed," which, in the case of first regular court admissions, gives a rate much higher than that for either single or married patients. In the case of the "divorced," the rates are exceedingly high. They are not as significant as the others, however, as the numbers involved are relatively smaller.

In considering the average age by marital status (Table 28) we note that the average age of first regular admissions is significantly higher than that of the temporary admissions. For male first regular admissions the average age is 46.9, while that for male temporary admissions is 39.1. For the female first regular admissions the average age is 47.3, and for the female temporary admissions it is 36.4.

TABLE 28. — *Average Age, by Marital Status, of First Regular Court and Temporary Admissions to State Hospitals, 1928.*¹

MARITAL STATUS.	AVERAGE AGE IN YEARS OF FIRST REGULAR ADMISSIONS.		AVERAGE AGE IN YEARS OF ALL TEMPORARY ADMISSIONS. ²	
	Males.	Females.	Males.	Females.
Single	36.5	40.3	30.9	29.6
Married	51.9	44.8	45.5	39.5
Separated	53.3	47.7	51.1	43.8
Widowed	68.7	66.9	59.1	54.2
Divorced	55.5	53.3	47.5	40.0
Unknown	62.5	41.8	49.0	28.6
Totals	46.9	47.3	39.1	36.4

¹ Includes Bridgewater, Tewksbury and McLean.

² Includes Temporary Care and Observation Admissions.

In considering the marital status, we find that the average age is highest for "widowed" in both male and female first regular and temporary admissions. The lowest average age is in the case of "single" persons, for both first regular and temporary admissions.

Economic Status.

As one may expect, Table 29 shows that the largest proportion of patients admitted to our institutions is recruited from the "marginal" and "dependent" economic classes.

TABLE 29. — *Economic Status of First Regular Court and Temporary Admissions, 1928.*¹

ECONOMIC STATUS.	FIRST REGULAR ADMISSIONS.						ALL TEMPORARY ADMISSIONS. ²					
	NUMBER.			PERCENTAGE.			NUMBER.			PERCENTAGE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent . . .	226	157	383	13.8	10.7	12.3	46	42	88	3.7	4.5	4.0
Marginal . . .	1,247	1,190	2,437	75.9	80.7	78.2	1,178	883	2,061	93.5	94.1	93.7
Comfortable . . .	127	87	214	7.7	5.9	6.9	18	11	29	1.4	1.2	1.4
Unknown . . .	43	38	81	2.6	2.7	2.6	18	2	20	1.4	.2	.9
Totals . . .	1,643	1,472	3,115	100.0	100.0	100.0	1,260	938	2,198	100.0	100.0	100.0

¹ Includes Bridgewater, Tewksbury and McLean.² Temporary Admissions include both Temporary Care and Observation Cases.

It is interesting to note that the proportion admitted as "comfortable" is much less for those admitted under a temporary status than for those admitted on a regular court commitment. This may be due in part to the fact that patients belonging to the "comfortable" economic class go to private hospitals, where, perhaps, it is more customary to use the voluntary rather than the temporary form of admission.

Environment.

In Table 30 one notes that the preponderance of admissions comes from an "urban" environment. According to the Massachusetts census for 1920, this state is almost completely urban (94.8 per cent of the whole).

TABLE 30. — *Environment of First Regular Court and Temporary Admissions, 1928.*¹

	Total.	Urban.	Rural.	Unknown.
First Admissions, Regular Commitment	3,115	2,930	154	31
All Temporary Admissions	2,198	2,162	28	8
First Admissions, Regular Commitment — In Percentage	100.0	95.05	4.95	— ²
All Temporary Admissions — In Percentage	100.0	98.5	1.5	— ²
Massachusetts Census, 1920 — In Percentage	100.0	94.8	5.2	—
First Admissions, Regular Commitment — Rate per 100,000 ³	80.9	80.2	76.2	— ²
All Temporary Admissions — Rate per 100,000 ³	57.0	59.2	13.8	—

¹ Includes Bridgewater, Tewksbury and McLean. Temporary Admissions include both Temporary Care and Observation Cases.² "Unknown" excluded.³ General Population, same environment.

First admissions by regular commitment show roughly the same percentage of urban and rural as we have noted for the general population. On the other hand, all temporary admissions show only 1.5 per cent of rural admissions as compared with 5.2 per cent for the general population (1920 census). This may be due to the fact that temporary forms of admission are more frequently utilized in urban areas. These conclusions are reflected in the rates shown in Table 30 for first regular court and all temporary admissions.

Degree of Education.

The sex differences noted in Table 31 are not important. The percentage of illiterates and of those who read and write only is higher among first regular admissions than among all temporary admissions, while the percentage of those who attended common school is greater among all temporary admissions. In addition, the greater proportion of those having a high school or college education is found among all temporary admissions.

TABLE 31. — *Degree of Education of First Regular Court and Temporary Admissions, 1928.*¹

DEGREE OF EDUCATION.	FIRST REGULAR ADMISSIONS.						ALL TEMPORARY ADMISSIONS.					
	NUMBER.			PERCENTAGE.			NUMBER.			PERCENTAGE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Illiterate	117	121	238	7.2	8.1	7.6	62	43	105	4.9	4.6	4.8
Reads and Writes	196	146	342	12.0	10.2	11.1	76	41	117	6.0	4.4	5.3
Common School	966	859	1,816	59.0	57.6	58.4	821	621	1,442	65.2	66.2	65.6
High School	197	239	436	11.8	16.2	13.9	198	190	388	15.7	20.2	17.7
College	73	51	124	4.4	3.4	3.9	60	30	90	4.8	3.2	4.1
Unknown	94	65	159	5.6	4.5	5.1	43	13	56	3.4	1.4	2.5
Totals	1,643	1,472	3,115	100.0	100.0	100.0	1,260	938	2,198	100.0	100.0	100.0

¹ Includes Bridgewater, Tewksbury and McLean. Temporary Admissions include both Temporary Care and Observation Cases.

The United States census for 1920 gives the percentage of illiteracy in the population 21 years of age and over, as 5.7 for males, 6.1 for females, and 5.9 for both sexes. These figures are somewhat lower than those given in Table 31 for first regular admissions and somewhat higher than those given for all temporary admissions.

Intemperate Use of Alcohol.

In the following discussion "alcoholic psychosis" will be excluded, because it is obvious there should be 100 per cent intemperate users of alcohol among the admissions credited to this psychosis.

TABLE 32. — *First Regular Court Admissions, 1928, classified as Intemperate in the Use of Alcohol—By Psychoses.*¹

PSYCHOSES.	NUMBER INTEMPERATE.			PERCENTAGE INTEMPERATE. ²		
	M.	F.	T.	M.	F.	T.
Traumatic	3	—	3	23.1	—	20.0
Senile	29	5	34	23.0	2.62	10.7
With cerebral arteriosclerosis	37	1	38	11.44	.6	9.6
General paralysis	27	5	32	17.1	11.3	15.8
With cerebral syphilis	7	—	7	46.7	—	31.8
With Huntington's chorea	—	—	—	—	—	—
With brain tumor	1	—	1	50.0	—	50.0
With other brain or nervous diseases	7	—	7	18.9	—	11.1
Alcoholic	179	32	211	100.0	100.0	100.0
Due to drugs and other exogenous toxins	3	1	4	50.0	50.0	50.0
With pellagra	—	—	—	—	—	—
With other somatic diseases	15	1	16	44.1	1.5	15.8
Manic-depressive	13	7	20	9.2	2.8	5.2
Involution melancholia	5	1	6	22.7	1.6	7.2
Dementia præcox	45	4	49	13.6	1.4	7.8
Paranoia or paranoid conditions	8	5	13	21.1	12.8	16.8
Epileptic psychoses	5	—	5	15.6	—	8.6
Psychoneuroses and neuroses	1	—	1	6.7	—	3.0
With psychopathic personality	4	—	4	33.3	—	16.7
With mental deficiency	6	3	9	13.6	7.7	10.8
Undiagnosed psychoses	43	11	54	26.5	7.0	16.9
Without psychoses	7	1	8	15.6	2.4	9.2
Diagnosis deferred	—	—	—	—	—	—
Totals	445	77	522	27.1	5.2	16.4

¹ Includes Bridgewater, Tewksbury and McLean.

² These percentages are based upon the total number of first admissions by regular court commitment.

Taking all types of psychoses together, including alcoholic psychosis, 16.4 per cent were credited as being intemperate users of alcohol. (Table 32.) The males predominate, 27.1 per cent of the total male first admissions having been recorded as intemperate users of alcohol. In the case of females, the percentage is 5.2 of the total female first admissions. The sex ratio here of 5 males to 1 female is rather striking. If the admissions due to alcoholic psychosis are excluded, the percentages are reduced to 16.3 for males, 3.0 for females, and 10.0 for all psychoses.

TABLE 33. — *All Temporary Admissions, 1928, classified as Intemperate in Use of Alcohol — By Psychoses.*¹

PSYCHOSES.	NUMBER INTEMPERATE.			PERCENTAGE INTEMPERATE. ²		
	M.	F.	T.	M.	F.	T.
Traumatic	5	—	5	45.4	—	45.4
Senile	2	—	2	14.2	—	7.1
With cerebral arteriosclerosis	17	—	17	23.2	—	14.7
General paralysis	19	2	21	31.1	14.3	28.0
With cerebral syphilis	5	—	5	62.5	—	33.3
With Huntington's chorea	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—
With other brain or nervous diseases	8	2	10	17.3	8.0	14.0
Alcoholic	180	22	202	100.0	100.0	100.0
Due to drugs and other exogenous toxins	7	1	8	77.7	12.5	47.0
With pellagra	—	—	—	—	—	—
With other somatic diseases	6	—	6	37.5	—	11.7
Manic-depressive	15	5	20	15.1	2.9	7.4
Involution melancholia	—	—	—	—	—	—
Dementia præcox	10	—	10	10.2	—	5.2
Paranoia or paranoid conditions	14	2	16	35.0	4.7	19.5
Epileptic psychoses	4	1	5	10.5	6.6	9.4
Psychoneuroses and neuroses	—	1	1	—	2.7	1.9
With psychopathic personality	4	—	4	23.5	—	12.9
With mental deficiency	1	1	2	4.3	4.1	4.2
Undiagnosed psychoses	60	7	67	28.3	5.1	19.2
Without psychosis	98	22	120	35.3	10.1	24.3
Diagnosis deferred	3	2	5	16.6	16.6	16.6
Totals	458	68	526	36.3	7.2	23.9

¹ Includes Bridgewater, Tewksbury and McLean.

² These percentages are based upon the total number of all temporary admissions. Includes both Temporary Care and Observation Admissions.

In the case of all temporary admissions, the percentage of intemperate users of alcohol is higher than that for first admissions by regular commitment. (Table 33.) The percentage for all temporary admissions is 23.9 for both sexes; 36.3 per cent for males, and 7.2 per cent for females. Again, if we exclude admissions for alcoholic psychosis, these percentages would be 14.7 for both sexes; 22.0 for males; and 4.9 for females.

If we consider only those psychotic groups which include more than 10 in their total intemperate patients, we find that on the whole the percentage of intemperate users of alcohol among first admissions by regular commitment is not large, at least not significantly greater than the percentage for all psychoses taken together. In some cases, for instance, manic-depressive psychosis and dementia præcox, the percentages are significantly smaller than for the general average percentage.

The same remarks noted for first admissions by regular commitment apply to all temporary admissions. Where there is considerable disparity between the different types of admission, it is usually found for those psychoses having a total number of admissions less than 10.

TABLE 34. — *First Regular Court Admissions, 1917-1928, classified as Intemperate in the Use of Alcohol.*¹

YEAR.	TOTALS.			INTEMPERATE USERS OF ALCOHOL.					
				NUMBER INTEMPERATE.			PER CENT OF FIRST ADMISSIONS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917	2,202	1,957	4,159	912	239	1,151	41.4	12.2	27.7
1918	1,984	1,782	3,766	640	144	784	32.3	8.1	20.8
1919	2,017	1,799	3,816	579	110	689	28.7	6.1	18.0
1920	1,457	1,362	2,819	247	51	298	16.2	3.7	10.6
1921	1,661	1,438	3,099	331	63	394	19.9	4.4	12.7
1922	1,782	1,574	3,356	396	85	481	22.2	5.4	14.3
1923	1,450	1,386	2,836	382	66	448	26.3	4.7	15.5
1924	1,574	1,358	2,932	446	62	508	28.3	4.3	17.3
1925	1,564	1,401	2,965	380	72	452	24.3	5.1	15.2
1926	1,491	1,405	2,896	357	67	424	23.9	4.8	14.6
1927	1,478	1,360	2,838	449	67	516	30.4	4.9	18.2
1928	1,643	1,472	3,115	445	77	522	27.2	5.2	16.8

¹ Includes Bridgewater, Tewksbury and McLean.

Table 34 presents the relation, if any, between the passage of the 18th Amendment and Post-War conditions, and the number of intemperate users of alcohol among first admissions to State Hospitals and McLean.

In 1917 the percentage of intemperate users of alcohol was 27.7. For the three years following, 1918, 1919 and 1920, a decided drop is evident, the percentage for 1920 being 10.6. From 1921 on, the percentage increased again to 18.2 in 1927. As would perhaps be expected, the percentages of female first admissions among intemperate users of alcohol were considerably smaller than for male.

Reference might be made here to Table 36D in which the incidence of alcoholic psychosis among first regular admissions is given. Both tables show considerable similarity both as to trends and percentages for each sex.

Many interesting inferences might be made, if the figures for more years were available.

Psychoses by Type of Admission.

During the statistical year 1928, 6,001 patients were admitted to State Hospitals and McLean (Table 35). Of this total, the greater number of patients were diagnosed as dementia præcox; next in order of frequency were manic-depressive, undiagnosed psychosis, without psychosis, and cerebral arteriosclerosis. The remaining psychoses diminished in frequency from 6 per cent down to almost 0.1 per cent in the case of such psychoses as those with brain tumor, with Huntington's chorea, and pellagra. It is interesting to note that 9.9 per cent of the total cases admitted to hospitals for the insane and epileptic were finally diagnosed as having no psychosis.

TABLE 35. — *Psychoses by Type of Admissions, 1928.*¹

PSYCHOSES.	TOTAL.			PERCENTAGE OF TOTAL.			FIRST ADMISSIONS BY REGULAR COMMITMENT.					
	M.	F.	T.	M.	F.	T.	NUMBER.			PERCENTAGE.		
							M.	F.	T.	M.	F.	T.
Traumatic	27	2	29	8	1	5	13	2	15	8	1	5
Senile	144	217	361	4.4	7.8	6.0	126	191	317	7.6	12.9	10.1
With cerebral arteriosclerosis	318	212	530	9.8	7.6	8.8	236	160	396	14.2	10.8	12.6
General paralysis	227	61	288	7.0	2.2	4.8	158	44	202	9.5	3.0	6.4
With cerebral syphilis	23	15	38	7	5	6	15	7	22	9	5	7
With Huntingdon's chorea	2	3	5	1	1	1	1	3	4	1	1	1
With brain tumor	3	3	6	1	1	1	2	2	4	1	1	1
With other brain or nervous diseases	87	54	141	2.7	1.9	2.3	37	26	63	2.2	1.8	2.0
Alcoholic	391	62	453	12.0	2.2	7.5	179	32	211	10.8	2.2	6.7
Due to drugs or other exogenous toxins	17	13	30	5	5	1	6	2	8	4	1	3
With pellagra	53	111	164	1.6	4.0	1	—	2	2	—	1	1
With other somatic diseases	314	541	855	9.7	19.4	14.2	34	67	101	2.0	4.5	3.2
Manic-depressive	28	84	112	9	19	14	141	246	387	8.5	16.6	12.3
Involution melancholia	524	501	1,025	16.1	18.0	17.0	322	61	383	1.3	4.1	2.6
Dementia precox	81	92	173	2.5	3.3	2.9	38	295	627	19.9	20.0	19.9
Paranoia and paranoid conditions	77	47	124	2.9	2.1	2.0	38	39	77	2.3	2.6	2.4
Epileptic psychoses	31	62	93	1.0	2.2	1.5	32	26	58	2.8	2.4	2.6
Psychoneuroses and neuroses	36	29	65	1.1	1.0	1.1	15	18	33	9	1.2	1.1
With psychopathic personality	91	74	165	2.8	1.1	2.7	44	12	56	7	1.8	2.8
With mental deficiency	403	316	719	12.4	11.3	11.9	161	39	318	2.6	2.6	2.6
Undiagnosed psychoses	330	260	590	10.4	9.4	9.9	157	157	318	9.7	10.6	10.1
Without psychosis	18	14	32	5	5	5	39	41	80	2.7	2.8	2.8
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—	—	—
Totals	3,225	2,776	6,001	100.0	100.0	100.0	1,643	1,472	3,115	100.0	100.0	100.0

¹ Includes Bridgewater, Tewksbury and McLean. Does not include 24 first admissions and 14 readmissions on regular commitment, R. C. 69, Sane Dangerous at Monson.

TABLE 35. — *Psychoses by Type of Admissions, 1928¹ — Concluded.*

PSYCHOSES.	READMISSIONS BY REGULAR COMMITMENT.						ALL TEMPORARY ADMISSIONS NOT FOLLOWED BY REGULAR COMMITMENT. ²					
	NUMBER.			PERCENTAGE.			NUMBER.			PERCENTAGE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	3	—	3	.9	—	.4	11	—	11	.9	—	.5
Senile	4	12	16	1.3	3.3	2.3	14	14	28	1.1	1.5	1.3
With cerebral arteriosclerosis	9	10	19	2.8	2.7	2.8	73	42	115	5.8	4.5	5.2
General paralysis	8	3	11	2.5	.8	1.6	61	14	75	4.8	1.5	3.4
With cerebral syphilis	—	1	1	—	.3	.1	8	7	15	.6	.8	.7
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	1	1	2	.1	.1	.1
With other brain or nervous diseases	4	3	7	1.2	.8	1.0	46	25	71	3.6	2.7	3.2
Alcoholic	32	8	40	9.9	2.2	5.8	180	22	202	14.3	2.3	9.2
Due to drugs or other exogenous toxins	2	3	5	.6	.8	.7	9	8	17	.7	.8	.8
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	3	9	12	.9	2.4	1.7	16	35	51	1.3	3.7	2.3
Manic-depressive	74	126	200	22.9	34.1	28.9	99	169	268	7.9	18.0	12.2
Involution melancholia	3	12	15	.9	3.3	2.2	3	11	14	.2	1.2	.6
Dementia precox	94	113	207	29.1	30.6	29.9	98	93	191	7.8	9.9	8.7
Paranoia and paranoid conditions	3	11	14	.9	3.0	2.0	40	42	82	3.2	4.5	3.7
Epileptic psychoses	7	6	13	2.5	1.9	2.2	38	15	53	3.0	1.6	2.4
Psychoneuroses and neuroses	1	3	4	.3	1.9	1.2	15	37	52	1.2	3.9	2.4
With psychopathic personality	7	10	17	2.2	.8	1.4	17	31	48	1.4	1.5	1.4
With mental deficiency	24	11	35	7.4	3.0	5.1	23	24	47	1.8	2.6	2.1
Undiagnosed psychoses	30	23	53	9.3	6.2	7.7	212	136	348	16.8	14.5	15.8
Without psychosis	14	3	17	4.4	1.4	2.8	277	216	493	22.0	23.0	22.4
Diagnosis deferred	—	2	2	—	.5	.3	18	12	30	1.4	1.3	1.4
Totals	322	366	688	100.0	100.0	100.0	1,260	938	2,198	100.0	100.0	100.0

¹ Includes Bridgewater, Tewksbury and McLean. Does not include 24 first admissions and 14 readmissions on regular commitment, R. C. 69, Sane Dangerous at Monson.² Includes Temporary Care and Observation Admissions.

Among the first regular admissions, the most common diagnosis was that of dementia præcox. Cerebral arteriosclerosis, manic-depressive psychosis, undiagnosed psychosis, and senile psychosis are next in order. The remaining psychoses diminished in frequency from 6 per cent down to almost 0.1 per cent, in the case of such psychoses as those with brain tumor and with Huntington's chorea. In this class of admissions, those eventually diagnosed as having no psychosis were only 2.8 per cent.

Among the patients readmitted, the percentages of 29.9 for dementia præcox and 28.9 for manic-depressive psychosis are particularly striking. The next highest percentage is 7.7 per cent for undiagnosed psychosis. From here on the percentages diminish in frequency down to 0.1 per cent in the case of psychosis with cerebral syphilis. Among those readmitted, 2.8 per cent were finally diagnosed as having no psychosis, as was found to be the case among first admissions.

It is interesting to note that in the case of all temporary admissions a large percentage of the patients admitted were diagnosed either without psychosis (22.4%), or could not be diagnosed (15.8%). This relative inability to diagnose in all temporary admissions may be due to the fact that the hospital authorities do not have time to make a diagnosis, because the time for study of these patients is so limited.

Number and Percentage of Certain Psychoses, 1917-1928.

In the following Tables (36A-36H, inclusive) the incidence of certain psychoses which are more important from the point of view of number is given from the year 1917 up to the present year, 1928. 1917 is the first year in which the classification approved by the American Psychiatric Association and the National Committee for Mental Hygiene was uniformly employed by all institutions throughout the State. As data is available for only 12 years, it is not worth while to give too much space to a discussion of incidence.

TABLE 36A.—*Number and Percentage with Senile Psychoses.—First Regular Admissions, 1917-1928.*¹

YEAR.	NUMBER.			PERCENTAGE OF FIRST ADMISSIONS.		
	M.	F.	T.	M.	F.	T.
1917	131	183	314	6.0	9.4	7.6
1918	131	204	335	6.6	11.4	8.9
1919	105	190	295	5.2	10.6	7.7
1920	117	194	311	8.0	14.2	11.0
1921	135	205	340	8.1	14.3	11.0
1922	133	177	310	7.5	11.2	9.3
1923	92	180	272	6.3	13.0	9.6
1924	89	147	236	5.7	10.8	8.1
1925	103	184	287	6.6	13.1	9.7
1926	108	177	285	7.3	12.6	9.8
1927	87	172	259	5.9	12.7	9.1
1928	126	191	317	7.6	12.9	10.1

¹ Includes Bridgewater, Tewksbury and McLean.

TABLE 36B. — *Number and Percentage with Cerebral Arteriosclerosis. — First Regular Admissions, 1917-1928.*¹

YEAR.	NUMBER.			PERCENTAGE OF FIRST ADMISSIONS.		
	M.	F.	T.	M.	F.	T.
1917	174	126	300	7.9	6.4	7.2
1918	170	123	293	8.5	6.9	7.8
1919	198	97	295	9.8	5.4	7.7
1920	156	108	264	10.7	7.9	9.4
1921	165	90	255	9.9	6.3	8.2
1922	177	136	313	9.9	8.6	9.3
1923	162	170	332	11.2	12.3	11.7
1924	185	184	369	11.8	13.6	12.6
1925	215	169	384	13.7	12.1	13.0
1926	207	191	398	13.9	13.6	13.7
1927	231	177	408	15.6	13.0	14.4
1928	236	160	396	14.2	10.8	12.6

¹ Includes Bridgewater, Tewksbury and McLean.TABLE 36C. — *Number and Percentage with General Paralysis. — First Regular Admissions, 1917-1928.*¹

YEAR.	NUMBER.			PERCENTAGE OF FIRST ADMISSIONS.		
	M.	F.	T.	M.	F.	T.
1917	267	61	328	12.1	3.1	7.9
1918	233	56	289	11.8	3.1	7.7
1919	208	44	252	10.3	2.4	6.6
1920	175	50	225	12.0	3.7	8.0
1921	200	52	252	12.0	3.6	8.1
1922	188	53	241	10.5	3.4	7.2
1923	189	50	239	13.0	3.6	8.4
1924	201	57	258	12.7	4.2	8.8
1925	209	40	249	13.4	2.9	8.4
1926	179	53	232	12.7	3.8	8.0
1927	160	30	190	10.8	2.2	6.7
1928	158	44	202	9.5	3.0	6.4

¹ Includes Bridgewater, Tewksbury and McLean.TABLE 36D. — *Number and Percentage with Alcoholic Psychoses. — First Regular Admissions, 1917-1928.*¹

YEAR.	NUMBER.			PERCENTAGE OF FIRST ADMISSIONS.		
	M.	F.	T.	M.	F.	T.
1917 ²	393	118	511	17.9	6.0	12.3
1918 ²	250	54	304	12.6	3.0	8.1
1919 ²	242	54	296	12.0	3.0	7.7
1920	83	19	102	5.7	1.4	3.6
1921	118	31	149	7.1	2.2	4.8
1922	180	35	215	10.1	2.2	6.4
1923	192	30	222	13.2	2.2	7.8
1924	211	26	237	13.4	1.2	8.1
1925	159	17	176	10.2	1.2	5.9
1926	163	25	188	10.9	1.8	6.5
1927	191	22	213	12.9	1.6	7.5
1928	179	32	211	10.8	2.2	6.7

¹ Includes Bridgewater, Tewksbury and McLean.² Includes Temporary Care Cases.

TABLE 36E. — *Number and Percentage with Dementia Præcox. — First Regular Admissions, 1917–1928.*¹

YEAR.	NUMBER.			PERCENTAGE OF FIRST ADMISSIONS.		
	M.	F.	T.	M.	F.	T.
1917	484	537	1,021	22.0	27.4	24.6
1918	459	455	914	23.1	25.5	24.3
1919	481	505	986	23.9	28.2	25.9
1920	385	378	763	26.4	27.8	27.1
1921	448	414	862	27.0	28.8	27.8
1922	401	377	778	22.5	24.0	23.2
1923	292	326	618	20.1	44.6	21.8
1924	339	316	655	21.5	23.2	22.3
1925	320	301	621	20.5	21.5	20.9
1926	324	337	661	22.7	24.0	22.8
1927	324	370	694	21.9	27.2	24.5
1928	332	295	627	19.9	19.9	20.0

¹ Includes Bridgewater, Tewksbury and McLean.TABLE 36F. — *Number and Percentage with Manic-Depressive Psychoses. — First Regular Admissions, 1917–1928.*¹

YEAR.	NUMBER.			PERCENTAGE OF FIRST ADMISSIONS.		
	M.	F.	T.	M.	F.	T.
1917	141	206	347	6.4	10.5	8.4
1918	121	204	325	6.1	11.5	8.6
1919	113	195	308	5.6	10.8	8.1
1920	121	173	294	8.3	12.7	10.4
1921	135	167	302	8.1	11.6	9.8
1922	122	210	332	.7	13.3	9.8
1923	132	182	314	9.1	13.1	11.1
1924	145	216	361	9.2	15.9	12.3
1925	136	236	372	8.7	16.8	10.3
1926	141	220	361	9.5	15.7	12.5
1927	108	175	283	7.3	12.8	10.0
1928	141	246	387	8.5	16.6	12.3

¹ Includes Bridgewater, Tewksbury and McLean.TABLE 36G. — *Number and Percentage of Somatic Diseases with Other Psychoses. — First Regular Admissions, 1917–1928.*¹

YEAR.	NUMBER.			PERCENTAGE OF FIRST ADMISSIONS.		
	M.	F.	T.	M.	F.	T.
1917	27	58	85	1.2	3.0	2.1
1918	49	66	115	2.5	3.7	3.1
1919	60	80	140	3.0	4.4	3.7
1920	34	51	85	2.3	3.8	3.0
1921	33	46	79	2.0	3.2	2.6
1922	30	56	86	1.7	3.6	2.6
1923	34	71	105	2.4	5.1	3.7
1924	26	65	91	1.7	4.8	3.1
1925	40	64	104	2.6	4.6	3.5
1926	35	81	116	2.4	5.1	4.0
1927	34	84	118	2.3	6.2	4.2
1928	34	67	101	2.1	4.5	3.2

¹ Includes Bridgewater, Tewksbury and McLean.

TABLE 36H. — *Number and Percentage with Drug Psychoses. — First Regular Admissions, 1917-1928.*¹

YEAR.	NUMBER.			PERCENTAGE OF FIRST ADMISSIONS.		
	M.	F.	T.	M.	F.	T.
1917	3	7	10	.1	.4	.3
1918	4	8	12	.2	.4	.3
1919	2	1	3	.1	.05	.07
1920	4	8	12	.3	.6	.4
1921	6	6	12	.4	.4	.4
1922	8	4	12	.4	.3	.3
1923	7	8	15	.5	.5	.5
1924	10	2	12	.6	.1	.4
1925	—	2	2	—	.1	.06
1926	8	4	12	.5	.1	.4
1927	6	3	9	.4	.2	.3
1928	6	2	8	.4	.1	.3

¹ Includes Bridgewater, Tewksbury and McLean.

There is much unexplainable fluctuation noted in the case of senile psychoses (Table 36A). The psychoses with cerebral arteriosclerosis, however (Table 36B), show a steady increase in their yearly proportions.

General paralysis (Table 36C) has shown some fluctuation from year to year, though this is not very great. It may be observed that the year 1928 shows the lowest incidence (6.4 per cent).

In 1917, the alcoholic psychoses (Table 36D) presents the highest incidence (12.3 per cent). This steadily decreased during the World War to 3.6 per cent in 1920, about the time that National Prohibition first became effective. Since then there has been a steady but variable increase.

Dementia præcox had its highest incidence in 1921 (Table 36E). In 1928, only 20 per cent were admitted, the lowest incidence since 1917.

The manic-depressive psychoses (Table 36F) show a variable incidence since 1923. Previous to 1923, the incidence varied from 8.4 per cent to 10.4 per cent. Since 1923, the percentage has varied between 10.3 per cent and 12.5 per cent.

The psychoses with somatic disease show some variability, but no distinct trend is evident (Table 36G).

The psychoses due to drugs (Table 36H) exhibit a variability which is extreme, but here, too, no definite trend is evident. The highest years are 1920-1921 with an incidence of 0.4 per cent, and the lowest is in 1925 with an incidence of 0.06 per cent.

Economic Status by Psychoses.

Table 37 shows the following items of interest for first regular court admissions. Cerebral arteriosclerosis and manic-depressive psychoses show a larger proportion of cases in the comfortable class (11.6 per cent for both) than was found for this group as a whole (6.8 per cent). The same is also true of epileptic psychoses and those diagnosed as having psychoses with psychopathic personality. In the case of psychoses with cerebral syphilis (95.4 per cent); paranoia (93.5 per cent); traumatic psychoses (93.3 per cent); involution melancholia (87.9 per cent) and undiagnosed psychoses (85.2 per cent) there is a greater incidence in the marginal class than is found for the total psychoses of this economic status (78.2 per cent).

TABLE 37. — *Percentage of Economic Groups and Psychoses of First Regular Court, and Temporary Care Admissions, 1928.*¹

PSYCHOSES.	FIRST REGULAR ADMISSIONS.				ALL TEMPORARY ADMISSIONS.			
	De- pendent.	Mar- ginal	Com- fortable.	Un- known.	De- pendent.	Mar- ginal.	Com- fortable.	Un- known.
Traumatic	—	93.3	6.6	—	—	90.9	—	9.0
Senile	24.9	62.7	6.6	5.6	14.2	78.5	3.5	3.5
With cerebral arteriosclerosis . .	17.4	68.1	11.6	2.7	4.4	89.5	5.2	.8
General paralysis	11.3	78.2	7.4	2.9	—	98.6	—	1.3
With cerebral syphilis	—	95.4	4.5	—	—	93.3	—	6.6
With Huntington's chorea	—	100.0	—	—	—	100.0	—	—
With brain tumor	—	100.0	—	—	—	100.0	—	—
With other brain or nervous diseases	12.6	82.5	3.1	1.5	4.2	91.5	1.4	2.8
Alcoholic	17.5	76.7	4.7	.9	3.9	93.0	2.4	.4
Due to drugs and other exoge- nous toxins	50.0	50.0	—	—	5.8	94.1	—	—
With pellagra	—	100.0	—	—	—	100.0	—	—
With other somatic diseases . . .	7.9	83.1	5.9	2.9	1.9	92.1	1.9	3.9
Manic-depressive	5.4	81.1	11.6	1.8	1.9	97.7	.7	.3
Involution melancholia	1.2	87.9	8.4	2.4	—	92.8	7.1	—
Dementia præcox	8.1	84.0	3.5	2.5	2.0	97.9	—	—
Paranoia or paranoid condi- tions	1.2	93.5	—	5.2	2.4	96.3	1.2	—
Epileptic psychoses	13.8	70.6	13.8	1.7	9.4	86.7	1.8	1.8
Psychoneuroses and neuroses . .	9.0	84.8	6.0	—	3.8	94.2	1.9	—
With psychopathic personality . .	8.3	79.1	12.5	—	—	100.0	—	—
With mental deficiency	22.9	73.4	1.2	2.4	4.2	95.7	—	—
Undiagnosed psychoses	8.8	85.2	3.7	2.2	2.0	96.2	.5	1.1
Without psychosis	25.0	58.7	15.0	1.2	8.1	89.6	1.4	.8
Diagnosis deferred	—	—	—	—	3.0	96.6	—	—
Totals	12.3	78.2	6.8	2.6	4.0	93.7	1.4	.9

¹Includes Bridgewater, Tewksbury and McLean. Includes Temporary Care and Observation Admissions.

The above items of interest are not duplicated in the case of all temporary admissions. This is due largely to the fact that almost all temporary admissions have been recorded as falling in the marginal status (93.7 per cent).

Degree of Education — By Psychoses.

In Table 38 it may be noticed that most of the psychoses fluctuate somewhat from the total distributions for all diagnostic groupings added together. This is true both for first regular, and all temporary admissions. The most striking exception in the case of first regular admissions is for psychosis with cerebral syphilis, in which a preponderance of high school and college graduates is evident. In the case of alcoholic psychosis, there is a preponderance among illiterates, and those who read and write only. There is likewise a paucity of high school and college graduates in this grouping. The manic-depressive psychoses show a preponderance of high school and college graduates. The same is true to a lesser degree in the case of dementia præcox. The epileptic psychoses, and psychoneuroses and neuroses, show an absence of college graduates and a preponderance of those who attended common school. A salient point of interest is the preponderance of high school and college graduates among those suffering from psychopathic personality, while reversely, for those with mental deficiency the highest percentages occur among the illiterates and those who read and write only. In the without psychosis group there is a preponderance of illiterates and those who read and write.

In considering the temporary admissions, the same general results are noted more or less, with the exception of those without psychosis. Here the distribution shows no great disturbance.

A discussion of psychoses with small numbers has been omitted because the percentages are misleading.

TABLE 38. — *Degree of Education in Admissions, 1928 — By Psychoses.*¹

PSYCHOSES.	PERCENTAGE OF FIRST REGULAR ADMISSIONS.					PERCENTAGE OF ALL TEMPORARY ADMISSIONS. ²						
	Illiterate.	Reads and Writes.	Common School.	High School.	College.	Unknown.	Illiterate.	Reads and Writes.	Common School.	High School.	College.	Unknown.
Traumatic	6.6	13.3	60.0	13.3	6.6	—	9.0	9.0	81.8	—	—	—
Senile	12.9	14.1	48.5	11.3	2.5	10.4	10.7	—	57.1	10.7	7.1	14.2
With cerebral arteriosclerosis	7.3	10.6	65.9	15.3	2.5	8.3	6.0	—	73.0	5.2	6.0	8.6
General paralysis	4.4	8.8	65.3	13.8	3.4	3.9	4.6	6.6	68.0	13.3	4.0	4.0
With cerebral syphilis	9.0	9.0	45.4	27.2	9.0	—	—	—	53.3	33.3	13.3	—
With Huntington's chorea	—	—	75.0	25.0	—	—	—	—	—	100.0	—	—
With brain tumor	—	—	75.0	—	—	25.0	—	—	100.0	—	—	—
With other brain or nervous diseases	3.1	12.6	68.2	11.1	—	4.7	2.8	7.0	73.2	12.6	1.4	2.8
Alcoholic	12.3	18.0	57.8	3.7	1.8	6.1	9.4	7.4	70.2	8.9	1.9	—
Due to drugs and other exogenous toxins	—	25.0	50.0	25.0	—	—	—	—	76.4	23.5	—	—
With pellagra	—	—	50.0	50.0	—	—	—	—	100.0	—	—	—
With other somatic diseases	2.9	13.8	60.3	13.8	3.9	4.9	7.8	5.8	70.5	11.7	3.9	—
Manic-depressive	3.8	6.2	55.3	25.0	7.2	2.0	7.7	2.6	61.1	25.3	9.3	7
Involution melancholia	6.0	6.0	71.0	15.6	1.2	—	—	14.2	78.5	7.1	—	—
Dementia praecox	3.1	8.9	59.6	19.2	5.7	3.1	2.0	2.0	60.2	32.4	2.0	1.0
Paranoia and paranoid conditions	10.4	19.4	49.3	9.0	6.4	—	4.8	3.6	62.1	23.1	4.8	1.2
Epileptic psychoses	6.8	13.6	68.9	8.6	—	1.7	7.5	1.8	67.9	18.8	1.8	1.8
Psychoneuroses and neuroses	3.0	3.0	63.6	27.2	—	3.0	3.8	5.7	61.5	21.1	3.7	1.9
With psychopathic personality	—	4.1	50.0	25.0	17.0	4.1	3.2	—	45.1	38.7	3.2	9.6
With mental deficiency	—	4.1	50.0	25.0	—	—	—	—	85.1	—	—	—
Undiagnosed psychoses	21.0	16.8	55.4	1.2	—	7.8	6.3	8.5	63.5	15.5	3.1	4.8
Without psychosis	7.8	8.1	56.9	14.7	4.4	—	5.1	7.7	65.9	17.4	3.6	1.2
Diagnosis deferred	33.7	26.2	33.7	5.0	1.2	—	4.8	6.9	63.3	10.0	6.7	—
	—	—	—	—	—	—	13.3	6.7	63.3	—	—	—
Totals	7.6	11.1	58.4	13.9	3.9	5.1	4.8	5.3	65.6	17.7	4.1	2.5

¹ Includes Bridgewater, Tewksbury and McLean.² Includes Temporary Care and Observation Admissions.

Age Distribution of First Regular Admissions.

As we have seen from previous tables, the number of first regular court admissions for the year was 3,115; 1,643 males, and 1,472 females. The average age for both sexes was 47.1; 46.9 for males, and 47.3 for females.

The modal age group for both sexes with traumatic psychosis was 20 to 24 years (Table 39); for senile psychosis, 70 years and over, as would be expected; for psychosis with cerebral arteriosclerosis, 70 years and over; for general paralysis, 40 to 44 years; for psychosis with cerebral syphilis there was no modal age, since the greatest frequency fell in two groups, 30 to 34 years and 45 to 49 years. For psychosis with Huntington's chorea, the modal age was 20 to 24 years; for psychosis with brain tumor, 50 to 54 years; for psychosis with other brain or nervous diseases, 35 to 39 years; for alcoholic psychosis, 45 to 49 years; for psychosis due to drugs or other exogenous toxins, 30 to 34 years; for pellagra all the cases occurred between the ages of 35 to 44 years and for females only, but only two cases were concerned. For other somatic diseases, the modal age was 55 to 59 years; for manic-depressive psychosis, 35 to 39 years; for involution melancholia, 50 to 54 years; for dementia præcox, 25 to 29 years; for paranoia or paranoid conditions, 40 to 44 years; for epileptic psychosis, 20 to 24 years; for psychoneuroses and neuroses, 30 to 34 years; for psychosis with psychopathic personality, 20 to 24 years; for mental deficiency, 25 to 29 years; for undiagnosed psychosis, 40 to 44 years; and for cases without psychosis, 15 to 19 years.

Age Distribution of All Temporary Admissions.

The total number of all temporary admissions was 2,198; 1,260 males, and 938 females.

The average age for both sexes was 38.6; 39.1 for males, and 36.4 for females.

TABLE 39. — *Percentage Distribution by Age of First Regular Admissions, 1928 — By Psychoses.*

PSYCHOSES.	UNDER 15 YEARS.				15-19 YEARS.				20-24 YEARS.				25-29 YEARS.				30-34 YEARS.				35-39 YEARS.				40-44 YEARS.			
	M.	F.	T.		M.	F.	T.		M.	F.	T.		M.	F.	T.		M.	F.	T.		M.	F.	T.		M.	F.	T.	
Traumatic	-	-	-		7.7	-	6.7		23.1	50.0	26.7		15.3	-	13.3		-	-	-		7.7	-	6.7		-	-	-	
Senile	-	-	-		-	-	-		-	-	-		-	-	-		-	-	-		-	-	-		-	-	-	
With cerebral arteriosclerosis	-	-	-		-	-	-		-	-	-		-	-	-		-	-	-		-	-	-		-	-	-	
General paralysis	.6	-	.5		.6	-	.5		-	-	-		4.4	2.3	3.9		12.7	4.5	10.8		15.1	33.1	19.3		20.9	20.5	20.8	
With cerebral syphilis	-	-	-		-	-	-		6.6	14.3	9.1		6.6	-	4.5		20.0	14.3	18.2		6.6	14.3	9.1		6.6	28.5	13.6	
With Huntington's chorea	-	-	-		-	-	-		66.6	50.0	-		-	-	-		-	-	-		-	-	-		-	-	-	
With brain tumor	-	-	-		-	-	-		-	-	-		-	-	-		-	-	-		-	-	-		-	-	-	
With other brain or nervous diseases	5.4	11.5	7.9		10.8	11.5	11.1		2.7	-	1.6		2.7	3.8	3.2		2.7	3.8	3.2		21.6	11.7	19.0		13.5	15.3	14.2	
Alcoholic	-	-	-		-	3.1	.4		.5	-	.4		3.9	3.1	3.8		10.6	15.6	11.3		12.8	6.3	11.8		17.8	12.5	17.0	
Due to drugs, etc.	-	-	-		-	-	-		-	-	-		-	-	-		33.3	50.0	37.5		16.6	-	12.5		33.3	-	25.0	
With pellagra	-	-	-		-	-	-		-	-	-		-	-	-		-	-	-		-	-	-		-	-	-	
With other somatic diseases	-	2.9	1.9		2.9	-	1.0		-	8.9	5.9		5.9	10.4	8.9		2.6	14.9	10.8		8.8	10.4	9.8		5.8	8.9	7.9	
Manic-depressive	-	.4	.3		8.5	6.9	7.4		8.5	11.4	10.3		11.3	9.7	10.3		8.5	13.0	11.1		8.5	16.6	13.7		8.5	10.9	10.1	
Involution melancholia	-	-	-		-	-	-		-	-	-		-	-	-		-	-	-		-	6.5	4.8		9.1	8.2	8.4	
Dementia praecox	1.2	.6	.9		.9	6.8	8.1		22.0	10.0	17.5		19.8	17.9	18.9		17.4	13.2	15.5		10.8	13.9	12.3		6.6	11.2	8.8	
Paranoia or paranoid conditions	-	-	-		-	-	-		-	-	-		5.2	2.6	3.9		18.5	-	-		7.9	5.1	6.5		23.7	15.4	19.5	
Epileptic psychoses	-	3.8	1.7		15.6	3.8	10.3		18.7	30.8	24.1		21.9	11.5	17.3		12.5	-	6.0		3.1	23.1	12.1		18.7	15.4	17.2	
Psychoneuroses and neuroses	-	5.5	3.0		13.3	5.5	9.1		6.6	5.5	6.1		6.7	-	3.0		13.3	33.3	20.8		13.3	16.7	15.1		26.7	15.4	12.1	
With psychopathic personality	-	-	-		-	-	-		25.0	25.0	25.0		16.7	8.3	8.3		33.3	3.3	20.8		8.3	8.3	8.3		-	25.0	12.5	
With mental deficiency	2.2	-	1.2		13.6	12.8	13.3		11.3	15.4	13.3		22.7	23.1	22.9		18.2	10.2	14.5		6.8	20.5	13.3		6.8	5.1	6.0	
Undiagnosed psychoses	.6	-	.3		3.7	5.7	4.7		9.9	5.7	7.9		5.0	7.6	6.3		7.5	13.4	10.4		6.8	12.1	9.4		12.4	10.8	11.6	
Without psychosis	10.3	17.1	13.7		15.4	17.1	16.3		12.8	14.6	13.7		15.4	9.8	12.5		12.8	4.9	8.8		7.7	7.3	7.5		10.3	14.7	12.5	

TABLE 39. — *Percentage Distribution by Age of First Regular Admissions, 1928 — By Psychoses — Concluded.*

PSYCHOSES.	45-49 YEARS.		50-54 YEARS.		55-59 YEARS.		60-64 YEARS.		65-69 YEARS.		70 YEARS AND OVER.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Traumatic	13.3	50.0	20.0	—	7.7	—	15.4	—	7.7	—	—	—
Senile	—	2.5	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	9	2.5	1.5	1.6	7.8	2.1	15.4	13.3	14.3	10.9	73.0	72.3
With cerebral syphilis	16.5	9.1	14.4	4.7	7.5	9.3	15.6	11.4	18.6	21.2	51.6	47.5
With Huntington's chorea	26.6	—	18.2	12.8	6.9	4.5	4.4	5.9	4.4	—	—	—
With brain tumor	100.0	—	25.0	4.5	13.3	14.3	6.6	4.5	—	14.3	—	—
With other brain or nervous diseases	—	—	—	25.0	—	—	—	—	—	—	—	—
Alcoholic	13.5	7.6	11.1	50.0	2.7	—	—	25.0	2.7	—	2.7	—
Due to drugs, etc.	18.4	21.9	18.9	1.6	12.2	15.4	2.7	1.6	2.7	—	2.2	1.6
With pellagra	16.6	50.0	25.0	11.3	—	9.4	4.4	5.7	5.0	3.1	2.2	2.3
With other somatic diseases	14.7	4.5	7.9	—	—	—	—	—	—	—	—	—
Manic-depressive	11.3	10.2	10.6	12.8	17.6	13.4	5.8	3.9	—	2.9	14.7	5.9
Involution melancholia	9.1	27.8	22.8	9.5	11.3	2.8	7.1	5.4	4.3	3.3	2.1	1.2
Dementia præcox	6.0	10.8	8.3	25.3	22.7	19.6	4.5	10.8	4.5	8.2	—	—
Paranoia or paranoid conditions	10.5	23.1	16.9	7.5	1.2	2.7	1.8	1.6	—	—	—	—
Epileptic psychoses	3.1	3.8	3.4	11.7	2.6	15.4	9.1	17.9	7.9	2.6	—	—
Psychoneuroses and neuroses	8.7	3.4	—	3.4	—	—	—	3.4	—	—	—	—
With psychopathic personality	6.3	16.7	12.1	15.1	—	—	—	—	—	—	—	—
With mental deficiency	9.1	4.5	4.8	4.8	4.5	5.1	8.3	4.1	—	—	8.3	4.1
Undiagnosed psychoses	11.8	4.5	8.2	11.0	8.7	7.0	7.5	7.8	4.3	3.8	12.4	2.5
Without psychosis	—	7.3	3.8	1.3	—	2.4	5.1	4.9	2.6	—	5.1	—

TABLE 40. — *Percentage Distribution by Age of All Temporary Admissions, 1928 — By Psychoses.*¹

PSYCHOSES.	UNDER 15 YEARS.			15-19 YEARS.			20-24 YEARS.			25-29 YEARS.			30-34 YEARS.			35-39 YEARS.			40-44 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	—	—	—	18.1	—	18.1	—	—	—	9.0	—	—	—	—	—	27.2	—	—	—	—	—
Senile	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral syphilis	—	—	—	—	—	—	—	28.5	13.3	—	—	—	—	—	—	—	—	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic	—	8.0	2.8	—	—	—	6.5	4.0	5.6	4.3	—	2.8	—	—	—	13.0	16.0	14.0	13.0	8.0	11.2
Due to drugs and other exogenous toxins	—	—	—	—	—	—	1.6	—	1.4	9.4	—	8.4	—	—	—	15.0	9.0	14.3	18.8	13.6	18.3
With pellagra	—	12.5	5.8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11.1	—	5.8
With other somatic diseases	—	—	—	—	—	—	—	17.1	11.7	—	—	—	—	—	—	—	—	—	—	5.7	5.8
Manic-depressive	—	—	—	6.2	—	1.9	—	—	—	—	—	—	—	—	—	6.2	20.0	15.6	6.2	10.6	9.3
Involution melancholia	—	.5	.3	6.0	7.0	6.7	14.1	13.0	13.4	11.1	16.5	14.5	12.1	12.4	12.3	8.0	13.0	11.1	7.0	27.2	21.4
Dementia præcox	—	—	—	—	—	—	23.4	12.9	18.3	—	—	—	—	—	—	—	—	—	—	—	—
Paranoia or paranoid conditions	—	—	—	—	—	—	5.0	—	2.4	28.5	20.4	24.6	15.3	18.2	16.7	13.2	23.7	18.3	8.1	16.1	12.0
Epileptic psychoses	2.6	—	1.8	10.5	6.6	9.4	21.2	6.6	16.9	12.5	4.7	8.5	20.0	—	9.7	10.0	11.9	10.9	12.5	14.2	13.4
Psychoneuroses and neuroses	—	—	—	—	5.4	3.8	26.6	2.7	9.6	26.3	20.0	24.5	21.0	26.6	22.6	2.6	26.6	9.4	10.5	—	7.5
With psychopathic personality	—	—	—	—	17.6	14.2	23.5	7.1	16.1	6.6	16.2	13.4	13.3	24.3	21.1	—	21.6	15.3	26.6	2.7	9.6
With mental deficiency	13.0	—	6.3	7.3	29.1	23.4	26.0	25.0	25.2	23.5	7.1	16.1	17.6	35.7	25.8	5.8	21.4	12.9	—	—	—
Undiagnosed psychoses	—	1.4	.5	7.0	5.6	6.6	10.8	11.7	11.2	8.6	8.3	8.5	21.7	12.5	17.0	4.3	16.6	10.8	—	—	—
Without psychosis	8.3	5.0	6.8	18.4	34.7	25.5	10.4	13.8	11.9	12.2	11.0	11.7	16.9	13.2	15.5	11.3	20.5	14.9	12.7	9.5	11.4
Diagnosis deferred	11.1	8.3	10.0	11.1	8.3	10.0	11.1	8.3	10.0	16.6	8.3	13.3	12.9	8.7	5.0	9.0	10.6	9.7	9.3	6.0	7.9
													11.1	16.6	13.3	—	16.6	6.6	5.5	8.3	6.6

¹ Includes Temporary Care and Observation Admissions.

TABLE 40. — *Percentage Distribution by Age of All Temporary Admissions, 1938 — By Psychoses*¹ — Concluded.

PSYCHOSES.	45-49 YEARS.		50-54 YEARS.		55-59 YEARS.		60-64 YEARS.		65-69 YEARS.		70 YEARS AND OVER.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.
Traumatic	—	—	9.0	—	18.1	—	9.0	—	9.0	—	—	—
Senile	—	—	—	7.1	—	14.2	—	—	—	—	—	—
With cerebral arteriosclerosis	2.7	11.9	9.5	7.1	16.4	16.6	28.4	7.1	14.2	14.2	56.8	57.1
General paralysis	19.6	14.2	14.7	21.4	11.4	7.1	28.7	33.3	15.0	14.2	16.6	22.6
With cerebral syphilis	—	—	12.5	—	12.5	—	6.5	—	1.6	—	—	—
With Huntington's chorea	100.0	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic	15.2	24.0	15.2	16.0	8.6	4.0	10.8	4.0	—	—	2.1	1.4
Due to drugs and other exogenous toxins	14.4	27.2	13.3	18.1	8.8	4.5	1.6	—	2.7	—	1.6	1.4
With pellagra	44.4	25.0	—	12.5	—	—	—	—	—	—	—	—
With other somatic diseases	18.7	11.4	18.7	8.5	6.2	11.4	6.2	2.8	6.2	8.5	2.8	5.8
Manic-depressive	8.0	11.2	12.0	7.6	12.0	4.1	8.0	2.3	3.0	1.1	—	—
Involution melancholia	—	27.2	66.6	36.3	—	9.0	33.3	7.1	—	—	—	—
Dementia praecox	1.0	3.2	2.0	2.1	1.0	1.0	1.0	—	—	—	—	—
Paranoia or paranoid conditions	12.5	14.2	22.5	23.8	19.0	19.7	2.5	11.9	2.5	—	—	—
Epileptic psychoses	—	—	5.2	6.6	—	6.6	6.6	2.7	—	—	—	—
Psychoneuroses and neuroses	6.6	8.1	13.2	5.4	—	8.1	6.6	2.7	—	2.7	—	—
With psychopathic personality	—	—	5.8	—	5.8	—	—	—	—	—	—	—
With mental deficiency	8.6	—	—	—	—	8.3	—	—	—	—	—	—
Undiagnosed psychoses	7.6	8.0	9.4	8.0	4.7	4.4	3.3	2.9	3.3	2.9	.9	.5
Without psychosis	6.1	4.6	5.4	4.1	5.4	2.7	2.8	.9	2.8	.4	1.4	1.4
Diagnosis deferred	11.1	16.6	5.5	8.3	—	—	5.5	—	5.5	—	5.5	3.3

¹ Includes Temporary Care and Observation Admissions.

The modal age group for both sexes with traumatic psychosis was 35 to 39 years (Table 40); for senile psychosis, 70 years and over; for psychosis with cerebral arteriosclerosis, 60 to 64 years; for general paralysis, 45 to 49 years; for psychosis with cerebral syphilis, 40 to 44 years; for psychosis with Huntington's chorea all cases occurred in the 45 to 49 year group and among males only; for psychosis with brain tumor the cases occurred for males only in the 15 to 19 year group, and for females only in the 50 to 54 year group. There should be little or no significance attached to the occurrence for the last two psychoses because the number of cases was exceedingly small. For psychoses with other brain or nervous diseases the modal age was 45 to 49 years; for alcoholic psychosis, 40 to 44 years; for psychoses due to drugs or other exogenous toxins, psychoneuroses and neuroses, psychopathic personality, and for the undiagnosed psychoses, the modal age was 30 to 34 years. For psychosis with pellagra all the cases occurred in the 35 to 39 year group, and for females only. (Here again the number of cases was small.) For psychoses with other somatic diseases, the modal age was 35 to 39 years; for manic-depressive psychosis, 25 to 29 years; for involution melancholia, 50 to 54 years; for dementia præcox, 25 to 29 years; for paranoia or paranoid conditions, 50 to 54 years; for epileptic psychosis, 25 to 29 years; for mental deficiency, 20 to 24 years; and for cases without psychosis, 15 to 19 years. There was no modal age for cases in which the diagnosis was deferred, since the greatest frequency of cases occurred between the ages of 25 to 34 years and 45 to 49 years.

Age Distribution of Regular Court Readmissions.

The total number of regular court readmissions was 688—322 males and 366 females.

The average age for both sexes was 43.8; 43.7 for males, and 44.2 for females.

The modal age group for both sexes with traumatic psychosis was 25 to 29 years (Table 41); for senile psychosis, 70 years and over; for psychosis with cerebral arteriosclerosis, 70 years and over; for general paralysis, 35 to 39 years; for psychosis with cerebral syphilis, 45 to 49 years. (It is curious that all cases of readmissions for cerebral syphilis occurred in this age group and among females only.) No cases of psychoses with Huntington's chorea, brain tumor or pellagra occurred among the readmissions. For psychoses with other brain and nervous diseases there was no modal age. For alcoholics, the modal age was 55 to 59 years. For psychoses due to drugs or other exogenous toxins, the modal age group for both sexes was 50 to 54 years; for psychoses with other somatic diseases, 40 to 44 years; for manic-depressive psychosis, 50 to 54 years; for involution melancholia, 55 to 59 years; for dementia præcox, 40 to 44 years; for paranoia or paranoid conditions, 40 to 44 years; for epileptic psychosis, 25 to 29 years; for psychoneuroses and neuroses, 35 to 44 years; for psychosis with psychopathic personality, 20 to 24 years; for mental deficiency, 35 to 39 years; for undiagnosed psychosis, 35 to 39 years; for no psychosis, 40 to 44 years. For diagnosis deferred, all cases occurred between the ages of 30 and 39 years. In some of the psychoses, sex does make a difference as to the mode, but not any great difference.

TABLE 41. — *Percentage Distribution by Age of Readmissions, 1928 — By Psychoses.*

PSYCHOSES.	UNDER 15 YEARS.			15-19 YEARS.			20-24 YEARS.			25-29 YEARS.			30-34 YEARS.			35-39 YEARS.			40-44 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	-	-	-	-	-	-	-	-	-	66.7	-	66.7	-	-	-	-	-	-	-	-	-
Senile	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With cerebral arteriosclerosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
General paralysis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With cerebral syphilis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	37.5	33.3	36.4	12.5	-	9.1
With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other brain or nervous diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Alcoholic	-	-	-	25.0	-	14.3	-	-	-	-	33.3	14.3	-	-	-	-	-	-	25.0	-	14.3
Due to drugs or other exogenous toxins	-	-	-	-	-	-	-	-	-	-	12.5	2.5	9.4	-	7.5	9.4	-	-	15.6	-	12.5
With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	33.3	20.0	-	-	-	-	-	-
With other somatic diseases	-	-	-	-	-	-	-	-	-	33.3	11.1	16.7	-	22.2	16.6	-	22.3	16.7	33.4	22.2	25.0
Manic-depressive	-	-	-	2.7	2.4	2.5	8.1	3.2	5.0	6.7	11.1	9.5	5.4	11.1	9.0	8.1	10.3	9.5	10.8	15.9	14.0
Involution melancholia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8.3	6.7
Dementia precox	-	-	-	3.2	2.7	2.9	11.7	2.7	6.8	17.0	11.5	14.0	10.6	14.1	12.6	18.1	14.2	15.9	17.0	16.8	16.9
Paranoia or paranoid conditions	-	-	-	-	-	-	-	-	-	-	9.1	7.1	14.3	16.6	15.4	-	27.3	21.4	33.3	18.2	21.4
Epileptic psychoses	-	-	-	-	-	-	-	-	-	14.3	33.4	23.1	-	-	-	-	33.3	15.4	14.3	16.7	15.4
Psychoneuroses and neuroses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	42.8	37.5	100.0	28.6	37.5
With psychopathic personality	-	-	-	-	-	-	42.8	-	-	14.3	-	10.0	14.3	33.3	20.0	-	-	-	-	-	-
With mental deficiency	8.3	-	5.7	16.7	9.1	14.3	8.4	27.3	14.3	18.3	-	5.7	16.6	18.2	17.1	16.7	27.3	20.0	8.3	9.1	8.6
Undiagnosed psychoses	-	-	-	3.3	-	1.9	-	8.7	3.8	13.3	8.7	11.3	10.0	17.4	13.2	20.0	8.7	15.1	6.7	8.7	7.6
Without psychosis	-	-	-	-	33.4	5.9	21.4	-	17.5	-	-	-	7.2	-	5.8	14.3	-	11.8	35.7	-	29.4
Diagnosis deferred	-	-	-	-	-	-	-	-	-	-	-	-	-	50.0	50.0	-	50.0	50.0	-	-	-

DISCHARGES.

Condition on Discharge.

A discharge rate based on the relationship of discharges to admissions is one that is commonly used in statistics of mental diseases, in spite of the fact that it is not very accurate (Table 42). The rate per one hundred admissions of all discharges (only admissions and discharges under regular commitment are used) is 44.6 for both sexes; 43.4 for males, and 45.3 for females. When the individual psychoses are considered, the highest rate is for psychosis with psychopathic personality (97.0 discharges per each one hundred admissions for the same psychosis). Next in order come manic-depressive psychosis (71.7); and traumatic psychosis (66.6). The most significant of these three rates is that for manic-depressive psychosis because the other two are based on small numbers. The lowest rate is for senile psychosis (9.9), which means of course that the number discharged is very small. The next lowest rate is for undiagnosed psychosis (18.5), and the next, for psychosis with cerebral arteriosclerosis (20.0). The majority of psychoses not mentioned specifically do not differ significantly from the average for all psychoses.

Taking all psychoses together, those discharged as "improved" have the highest rate per one hundred admissions (27.2). The "recovered" and those "otherwise discharged," which is largely made up of those "discharged unimproved," have approximately the same rates (9.1 and 8.4).

The psychoses having the highest recovery rate are: the alcoholic (35.9 per one hundred admissions for the same psychosis); manic-depressive psychosis (27.6); psychoses due to drugs or other exogenous toxins (23.1); and psychoses with other somatic diseases (15.0).

The recovery rate is poor for the following psychoses: dementia præcox (4.1 per one hundred admissions for the same psychosis); epileptic psychosis (2.8); the senile (0.3), and psychosis with cerebral arteriosclerosis (0.5). No recovery is recorded for general paralysis, psychoses with Huntington's chorea, with brain tumor, with other brain or nervous diseases or with pellagra.

The psychoses having the highest "improved" rate are those with psychopathic personality (70.6 per one hundred admissions of the same psychosis); traumatic psychosis (44.4); psychoneuroses and neuroses (41.5) and manic-depressive (39.9). Senile psychosis has the extremely low rate of 6.3 per one hundred admissions for the same psychosis. No "improved" rate is given for psychoses with Huntington's chorea, or pellagra.

Among those "otherwise discharged," excluding those diagnosed "without psychoses," two psychoses (psychopathic personality, 17.7 and traumatic, 16.7) are outstanding as having the highest rates in this group. The lowest rates are for senile (2.7) and the undiagnosed psychoses (3.2). No rate is recorded for cerebral syphilis, for psychoses with Huntington's chorea, with brain tumor, or pellagra.

Before placing too much reliance on those forms of discharge in relation to the various psychoses, it should always be kept in mind that there is much difference of opinion regarding the exact category in which the discharged patient should be placed.

The high rate of discharge for females may throw a little light on the tendency of males to remain in hospitals for a longer period of time, as outlined in Table 46.

TABLE 42. — *Mental Condition of All Patients Discharged during 1928, and Rates per 100 Admissions of Same Diagnosis.*¹

PSYCHOSES.	ALL ADMISSIONS. ²			ALL DISCHARGES. ²			RECOVERED.		
	NUMBER.			NUMBER.			RATE PER 100 AD-MISSIONS, SAME DIAGNOSIS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	16	2	18	11	1	12	68.7	50.0	66.6
Senile	130	203	333	9	22	31	6.9	10.8	9.9
With cerebral arteriosclerosis	245	170	415	48	35	83	19.5	20.5	20.0
General paralysis	166	47	213	42	11	53	25.3	23.4	24.8
Cerebral syphilis	15	8	23	3	5	8	20.0	62.5	34.7
With Huntington's chorea	1	3	4	—	—	—	—	—	—
With brain tumor	2	2	4	1	—	1	50.0	—	25.0
With other brain or nervous diseases	41	29	70	13	12	25	31.7	41.3	35.7
Alcoholic	211	40	251	158	16	174	74.7	40.0	69.3
Due to drugs or other exogenous toxins	8	5	13	6	3	9	75.0	60.0	69.2
With pellagra	—	2	2	—	—	—	—	—	—
With other somatic diseases	37	76	113	19	42	61	50.5	55.2	53.9
Manic-depressive	215	372	587	153	268	421	71.1	72.0	71.7
Involution melancholia	25	73	98	14	33	47	56.0	45.2	47.9
Dementia præcox	426	408	834	220	256	476	51.6	62.7	57.0
Paranoia or paranoid conditions	41	50	91	14	26	40	34.1	52.0	43.9
Epileptic psychoses	39	32	71	12	9	21	30.7	28.1	29.5
Psychoneuroses and neuroses	16	25	41	10	16	26	62.5	64.0	63.4
With psychopathic personality	19	15	34	20	13	33	105.2	86.6	97.0
With mental deficiency	68	50	118	29	21	50	42.6	42.0	42.3
Undiagnosed psychoses	191	180	371	33	36	69	17.2	20.0	18.5
Without psychosis	53	44	97	39	17	56	73.5	38.6	57.7
Diagnoses deferred	—	2	2	—	1	1	—	50.0	50.0
Totals	1,965	1,838	3,803	854	843	1,697	43.4	45.3	44.6
				185	161	346	9.4	8.8	9.1

¹ Includes Bridgewater, Tewksbury and McLean.² Includes admissions and discharges under regular court commitment.

TABLE 42. — *Mental Condition of All Patients Discharged during 1928, and Rates per 100 Admissions of Same Diagnosis*¹ — Concluded.

PSYCHOSES.	IMPROVED.			OTHERWISE DISCHARGED. ²						
	NUMBER.			NUMBER.						
	M.	F.	T.	M.	F.	T.				
	RATE PER 100 AD-MISSIONS, SAME DIAGNOSIS.			RATE PER 100 AD-MISSIONS, SAME DIAGNOSIS.						
	M.	F.	T.	M.	F.	T.				
Traumatic	7	1	8	43.8	50.0	44.4	3	18.8	—	16.7
Senile	6	15	21	4.6	7.4	6.3	2	1.5	3.5	2.7
With cerebral arteriosclerosis	35	25	60	14.3	14.7	14.5	13	5.3	4.7	5.1
General paralysis	36	8	44	21.7	17.0	20.7	6	3.6	6.4	4.2
Cerebral syphilis	2	5	7	13.3	62.5	30.4	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—
With brain tumor	11	—	1	50.0	—	25.0	—	—	—	—
With other brain or nervous diseases	11	9	20	26.8	31.0	28.6	2	4.9	10.3	7.1
Alcoholic	66	4	70	31.3	10.0	27.9	12	5.7	5.0	5.6
Due to drugs or other exogenous toxins	3	2	5	37.5	40.0	38.5	1	—	20.0	7.7
With pellagra	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	13	25	38	35.1	32.9	33.6	2	5.4	5.3	5.3
Manic-depressive	82	152	234	38.1	40.9	39.9	7	3.3	4.84	4.3
Involution melancholia	10	23	33	40.0	31.5	33.7	—	—	6.9	5.1
Dementia præcox	142	185	327	33.3	45.2	39.2	64	15.0	12.5	13.8
Paranoia or paranoid conditions	9	19	28	21.9	38.0	30.8	4	9.8	12.0	10.9
Epileptic psychoses	8	6	14	20.5	18.7	19.7	4	10.3	3.1	7.0
Psychoneuroses and neuroses	7	10	17	43.8	40.0	41.5	3	18.8	6.9	12.2
With psychopathic personality	14	10	24	73.7	66.7	70.6	5	26.3	6.7	17.7
With mental deficiency	18	15	33	26.5	30.0	27.9	6	7.4	12.0	9.3
Undiagnosed psychoses	22	26	48	11.5	14.4	12.9	6	3.1	3.3	3.2
Without psychosis	—	—	—	—	—	—	39	73.6	38.6	57.7
Diagnoses deferred	—	1	1	—	50.0	50.0	—	—	—	—
Totals	492	541	1,033	25.0	29.4	27.2	177	9.0	7.6	8.4

¹ Includes Bridgewater, Tewksbury and McLean.² Includes "unimproved" and "without psychoses."

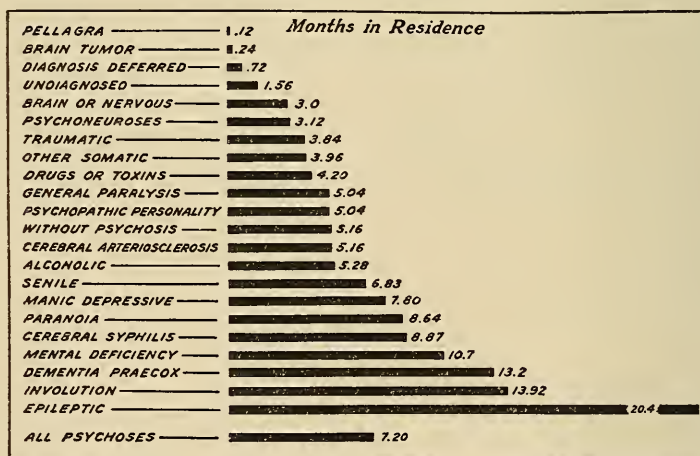
Average Length of Hospital Stay.

In analyzing the average length of time spent by patients in institutions during the present admission, we find that the average stay in years for both sexes is .60 years (Table 43 and Graph 3).

TABLE 43. — *Average Length of Hospital Stay, in Years, this Admission, of All Patients Discharged during 1928, by Condition on Discharge and Psychoses.*¹

PSYCHOSES.	Recovered.	Improved.	Unimproved.	Total.
Epileptic	.20	.79	2.46	1.95
Involution melancholia	1.37	1.50	.08	1.16
Dementia præcox	.93	1.24	.88	1.10
Mental deficiency	1.07	.99	.64	.89
Cerebral syphilis	1.50	1.33	.01	.74
Paranoia or paranoid conditions	1.25	1.11	.44	.72
Manic-depressive	.82	.73	.16	.65
Senile	1.50	1.01	.17	.57
Alcoholic	.43	.44	.51	.44
Cerebral arteriosclerosis	.06	.51	.35	.43
Psychopathic personality	.46	.38	.48	.42
General paralysis	—	.54	.26	.42
Drugs or toxins	.50	.17	.63	.35
Other somatic diseases	.35	.40	.15	.33
Traumatic	.21	.22	.60	.32
Psychoneuroses and neuroses	.22	.38	.02	.26
With brain or nervous diseases	1.50	.41	.05	.25
Undiagnosed psychoses	.30	.17	.07	.13
Diagnosis deferred	.07	.09	.01	.06
Brain tumor	—	.04	.01	.02
Pellagra	—	—	.01	.01
Totals	.70	.73	.46	.60

¹ Includes Bridgewater, Tewksbury and McLean.



GRAPH 3. — AVERAGE LENGTH OF TIME IN RESIDENCE OF PATIENTS DISCHARGED FROM MENTAL HOSPITALS DURING 1928.

Patients who are discharged as “recovered” remain two-thirds of a year (.70 years). Those discharged as “improved” remain about the same length of time in an institution (.73 years). Patients discharged as “unimproved” remain the shortest period of all, not quite one-half a year (.46 years). This relative shortness of time in the case of the “unimproved” is due partly to the fact that a large proportion of them have been discharged “on request against advice.”

In the “recovered” groups, patients with the following psychoses remain the longest average time in hospitals: (1) Patients with senile psychoses, or other brain or nervous diseases, or those having psychoses with cerebral syphilis, 1.50 years each; (2) involution melancholia, 1.37 years; (3) paranoia or paranoid condition, 1.25 years; (4) psychoses with mental deficiency, 1.07 years; and (5) dementia præcox, .93 years. In the “improved” group: (1) involution melancholia, 1.50 years; (2) cerebral syphilis, 1.33 years; (3) dementia præcox, 1.24 years; and (4) paranoia or paranoid conditions, 1.11 years. For the “unimproved” group: (1) epileptic psychoses, 2.46 years; (2) dementia præcox, .88 years; (3) psychoses with mental deficiency, .64 years; and (4) psychoses due to drugs, .63 years.

If we consider the average length of stay in years for all discharge conditions combined, we see that patients with epileptic psychoses (1.95), involution melancholia (1.16), and dementia præcox (1.10) remain the longest periods; and psychoses with pellagra (.01), with brain tumor (.02), and those with deferred diagnoses (.06) remain the shortest periods.

DEATHS.

Death Rates of Patients.

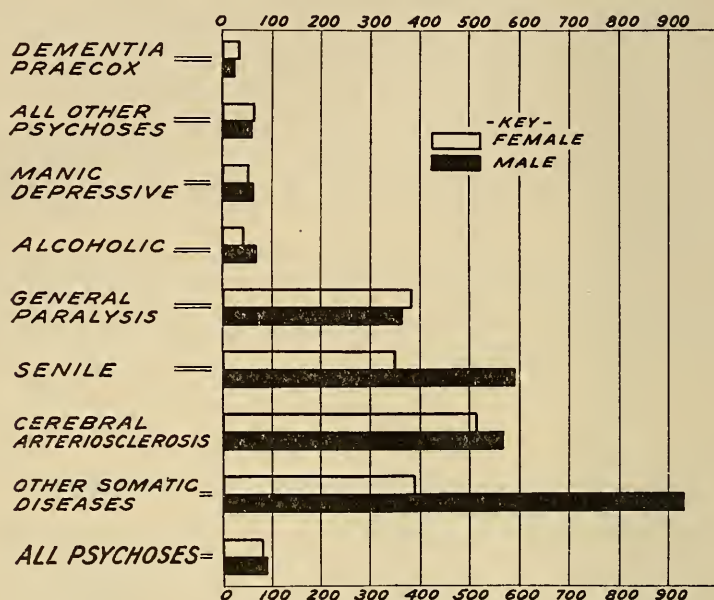
Table 44 and Graph 4 include death rates for only the more important psychoses.

TABLE 44. — *Number of Deaths and Death Rates in Certain Psychoses, 1928.*¹

PSYCHOSES.	TOTAL UNDER TREAT- MENT ON BOOKS.			NUMBER OF DEATHS.			RATE PER 1,000, SAME PSYCHOSIS, ON BOOKS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Senile	199	476	675	118	167	285	593.0	350.8	422.2
With cerebral arteriosclerosis	334	307	641	190	158	348	568.9	514.7	542.9
General paralysis	319	104	423	117	40	157	366.7	384.6	371.2
Alcoholic	969	212	1,181	69	9	78	71.2	42.5	66.0
Dementia præcox	4,485	5,243	9,728	128	181	309	28.5	34.5	31.8
With other somatic diseases	30	77	107	28	30	58	933.3	389.6	542.1
Manic-depressive	501	975	1,476	32	55	87	63.8	56.4	58.9
All other psychoses	2,432	2,553	4,985	139	165	304	57.1	64.6	60.9
Totals	9,269	9,947	19,216	821	805	1,626	88.5	80.9	84.6

¹ Includes Bridgewater, Tewksbury and McLean.

The diagnostic group having the largest death rate is psychoses with other somatic diseases (542.1 per thousand on the books of the hospitals for the same psychosis). The next largest death rate is found for psychosis with cerebral arteriosclerosis (542.9). The next is for senile psychoses (422.2), and general paralysis with (371.2). The psychosis having the lowest death rate among those listed is dementia præcox (31.8).



GRAPH 4. — DEATH RATE PER 1,000 UNDER TREATMENT, 1928.

LENGTH OF HOSPITAL STAY OF PATIENTS DYING, BY CERTAIN PSYCHOSES.

TABLE 45. — *Average Length of Hospital Stay in Years during this Admission, and All Admissions, of Patients¹ with Certain Psychoses, ² Dying during 1928.³*

PSYCHOSES.	AVERAGE LENGTH OF STAY IN YEARS.					
	ALL ADMISSIONS.			THIS ADMISSION.		
	M.	F.	T.	M.	F.	T.
Senile	2.46	2.70	2.60	2.25	2.53	2.37
With cerebral arteriosclerosis	1.31	2.21	1.72	1.30	2.00	1.62
General paralysis	2.21	2.25	2.22	2.11	2.24	2.14
With cerebral syphilis	1.49	7.01	3.22	1.31	4.01	2.15
With other brain or nervous diseases	2.51	3.31	2.95	2.37	3.08	2.76
Alcoholic	9.76	9.41	9.73	7.99	6.58	7.83
With other somatic diseases	.66	1.33	1.01	.61	.93	.78
Manic-depressive	6.62	7.23	7.05	5.33	6.22	5.90
Involution melancholia	3.04	7.57	6.06	2.96	6.00	4.79
Dementia præcox	13.56	13.60	13.59	11.65	10.76	11.14
Paranoia or paranoid conditions	6.65	7.41	7.05	6.23	7.08	6.78
Epileptic psychoses	9.33	10.00	9.64	8.14	9.35	8.70
With mental deficiency	14.13	10.41	12.32	13.50	7.77	10.72
Undiagnosed psychoses	.30	2.52	1.30	.21	1.44	.76
Totals	5.02	6.13	5.57	4.44	5.05	4.74

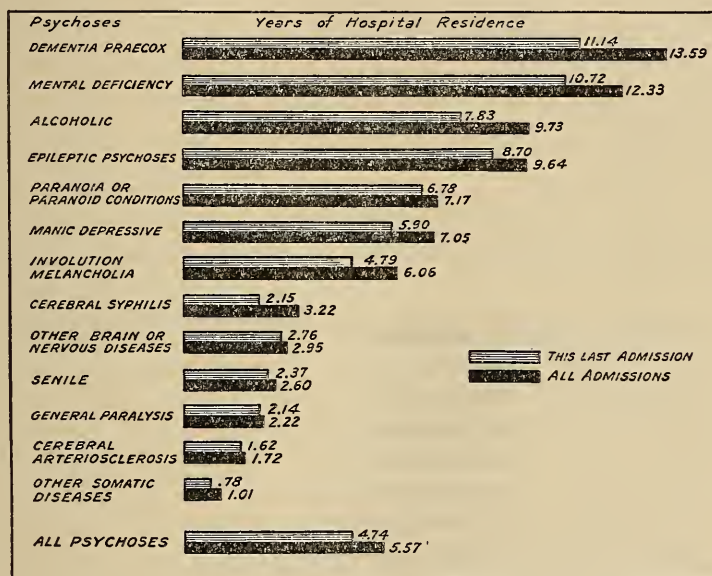
¹ Includes patients admitted by regular court commitment.

² Psychoses in which the number of cases involved was less than ten are omitted from this table.

³ Includes Bridgewater, Tewksbury and McLean.

Table 45 and Graph 5 show the average length of hospital stay during the last admission and during all admissions of patients dying of certain psychoses. In considering all admissions to mental hospitals we see that the average length of stay for both sexes is 5.57 years. For females the average length of stay is a little higher than for males; 6.13 as against 5.02 for males. If only the most recent admission is considered, the average length of hospital stay is 4.74 years for both sexes; 5.05 for females; and 4.44 for males. As the unimportant psychoses have been omitted in the above computation, the average given may be considered approximate for all psychoses.

In considering the last admission, dementia præcox, psychosis with mental deficiency, and epileptic psychoses show the longest hospital stay, 11.14, 10.72, and 8.70 years, respectively.



GRAPH 5.—AVERAGE LENGTH OF HOSPITAL STAY, IN YEARS, OF PATIENTS DYING, 1928.

The groups having the shortest average length of stay during the last admission are the psychoses with other somatic diseases, .78; cases undiagnosed, .76; and psychoses with cerebral arteriosclerosis, 1.62 years.

When we consider the length of stay for all admissions the same general characteristics are observed. In this group the hospital stay in years for dementia præcox was 13.59 years, for mental deficiency, 12.32 years, and for alcoholic psychoses, 9.73 years. The shortest stay for all admissions falls under the undiagnosed psychoses, with 1.30 years; psychoses with other somatic diseases, 1.01 years; and psychoses with cerebral arteriosclerosis, 1.72 years.

PATIENTS IN RESIDENCE.

Average Length of Hospital Stay.

Table 46 and Graph 6 give the average length of stay in years during this admission of patients in residence in State Hospitals and McLean on September 30, 1928, by sex and psychoses, in order of magnitude. As one would expect, patients with a psychosis of dementia præcox have the longest hospital stay. Alcoholics are next, and the others follow in order shown. The average length of hospital stay for all psychoses is slightly less than nine years (8.9 years).

TABLE 46. — *Average Length of Stay, in Years, of Mental Patients in Residence in Mental Hospitals on September 30, 1928, by Psychoses and Sex.*¹

PSYCHOSES.	AVERAGE YEARS IN RESIDENCE. ²		
	Male.	Female.	Total.
Dementia præcox	11.6	10.3	10.9
Alcoholic	10.0	9.2	9.9
With mental deficiency	10.2	9.4	9.8
Epileptic psychoses	8.5	9.6	9.0
Paranoia or paranoid condition	7.3	7.8	7.6
Brain tumor	7.5	7.5	7.5
Manic-depressive	7.3	7.4	7.4
Traumatic	7.8	3.8	7.3
With psychopathic personality	7.0	6.6	6.9
Involution melancholia	5.7	6.5	6.3
Cerebral syphilis	4.6	8.2	5.9
Due to drugs and other exogenous toxins	4.5	6.2	5.4
Huntington's chorea	5.0	4.7	4.9
With other brain or nervous diseases	4.2	4.9	4.5
With pellagra	3.5	4.3	4.2
Senile	3.9	3.8	3.8
General paralysis	3.0	4.9	3.5
With other somatic diseases	3.1	3.2	3.2
Psychoneuroses and neuroses	2.6	3.6	3.2
Cerebral arteriosclerosis	2.7	3.2	3.0
Totals	9.3	8.6	8.9

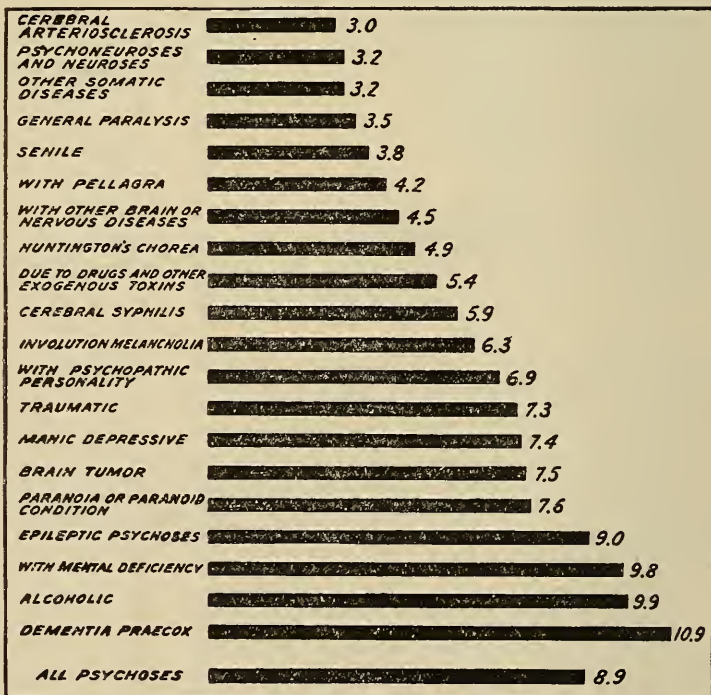
¹ Includes Bridgewater, Tewksbury and McLean.² Excludes all previous admissions and considers only the length of time spent in hospital during the present admissions.GRAPH 6. — *Average Length of Stay, in Years, of Mental Patients in Residence in Mental Hospitals on September 30, 1928, by Psychoses.*

TABLE 47. — *County of Residence and Rates per 100,000 Population.*

COUNTIES.	FIRST ADMISSIONS AND READMISSIONS BY REGULAR COMMITMENT, ¹ 1928. ²				TOTAL CASES REMAINING WITHIN INSTITUTIONS, SEPTEMBER 30, 1928. ³				TOTAL CASES REMAINING ON BOOKS OF INSTITUTIONS, SEPTEMBER 30, 1928. ³			
	NUMBER.			Rate per 100,000 Population, ⁴ Same County.	NUMBER.			Rate per 100,000 Population, ⁴ Same County.	NUMBER.			Rate per 100,000 Population, ⁴ Same County.
	M.	F.	T.		M.	F.	T.		M.	F.	T.	
BARNSTABLE	20	9	29	91	54	61	115	362	64	66	130	410
BERKSHIRE	52	48	100	79	238	251	489	386	271	285	556	440
BRISTOL	158	140	298	75	693	719	1,412	354	760	793	1,553	389
DUXES	3	2	5	97	9	8	17	329	10	8	18	349
ESSEX	220	177	397	78	1,071	1,073	2,144	423	1,167	1,150	2,317	458
FRANKLIN	30	33	63	126	116	94	210	422	133	113	248	439
HAMPTDEN	132	146	278	87	665	701	1,366	396	725	800	1,525	442
HAMPSHIRE	40	32	72	91	172	211	383	488	198	242	440	551
MIDDLESEX	362	327	689	75	1,564	1,874	3,438	376	1,756	2,051	3,807	417
NANTUCKET	2	2	4	118	7	4	11	326	8	5	13	385
NORFOLK	120	106	226	78	444	516	960	332	491	575	1,066	370
PLYMOUTH	98	64	162	96	375	319	694	411	417	360	777	460
SUFFOLK	471	528	999	110	2,535	3,001	5,536	614	2,780	3,239	6,019	668
WORCESTER	214	210	424	82	1,029	1,046	2,075	405	1,193	1,157	2,350	459
NON-RESIDENT OF STATE	53	29	82	—	127	69	196	—	138	—	210	—
UNKNOWN	13	—	13	—	170	—	170	—	170	—	170	—
Totals	1,988	1,853	3,841	86 ⁵	9,269	9,947	19,216	444 ⁵	10,281	10,918	21,199	481 ⁵

¹ For Forms of Admission included under Regular Commitment, see page 97.² Does not include Transfers.³ Includes Transfers.⁴ Estimated population of Massachusetts as of July 1, 1928.⁵ Non-resident of State and Unknowns have been excluded in figuring these rates.

A slight difference is due to sex in most psychoses. As a general rule, male patients remain in residence longer than female patients. The average length of hospital stay for males was 9.3 years. The females for all psychoses remain on the average 8.6 years.

The psychoses which have a definite organic background tend to have a short average length of hospital stay, but this is also true of the psychoneuroses and neuroses.

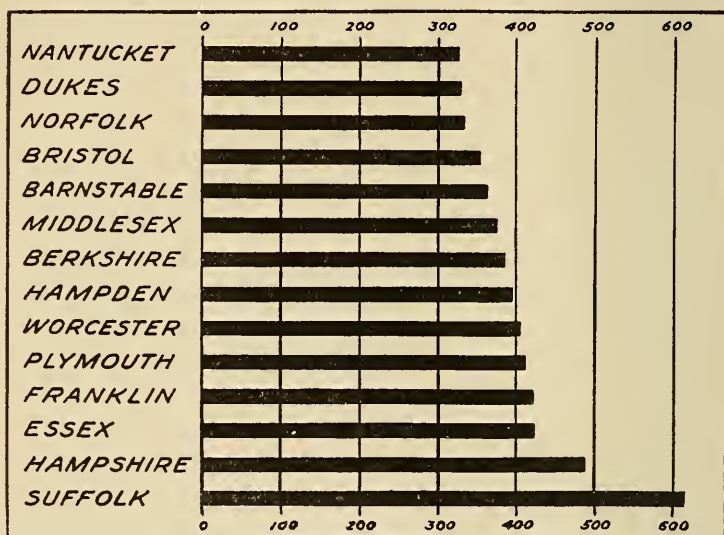
County of Residence.

Table 47 and Graph 7 give the county of residence and rates per 100,000 population of the same county of —

(1) Patients (Insane) Admitted to All Hospitals During the Year Ended September 30, 1928.¹

(2) All Patients Remaining Within Institutions on September 30, 1928.

(3) All Patients Remaining on Books of Institutions on September 30, 1928.



GRAPH 7. — PATIENTS (INSANE) RESIDENT IN MENTAL HOSPITALS, 1928, BY COUNTY (RATES PER 100,000 POPULATION).

The county showing the largest rate of admissions and readmissions by regular commitment is Franklin County (126 per one hundred thousand of the population for the same county). The second largest is Nantucket (118) and the third is Suffolk (110). This is striking, as one might have expected that Suffolk County would show the largest rate. Of course the rate for Nantucket is based upon a very small number, and herein may lie the error. Middlesex and Bristol counties show the lowest rate (75), with Essex and Norfolk counties giving approximately the same rate (78). The rate for the State as a whole is 86 per one hundred thousand of the estimated population of the State.

When one considers the resident population of our institutions, which is based upon patients actually being cared for within the walls of the institutions, the county giving the highest rate is Suffolk (614), in accordance with expectation. The county giving the next highest rate is Hampshire (488), the third and fourth highest being Essex (423), and Franklin (422). The county giving the lowest rate is Nantucket with a rate of 326 per one hundred thousand of the estimated population for the same county. The rate for the whole State is 444 per one hundred thousand of the estimated population of the whole State.

¹ Includes Bridgewater, Tewksbury and McLean.

If one includes all patients on the books of the institutions, including those within as well as all patients out on visit, escape, etc., the county giving the highest rate is Suffolk (668); the next, Hampshire (551), and the third highest Franklin (499). The county giving the lowest rate is Dukes (349) rather than Nantucket, which gave the lowest rate when patients actually in the institutions were considered, but there is no practical significance for this difference. The rate for the State as a whole is 481 per one hundred thousand of the estimated population of the State. In other words we may say that in reference to the population of Massachusetts, one person in every 1,162 was admitted to a mental hospital during 1928. One person in every 225 was actually in residence in a mental hospital, and one person in every 207 remained on the books of a mental hospital.

Present Average Age of Resident Patients.

Table 48 gives the number of patients with certain psychoses, and the present average age of patients in residence in State Hospitals on September 30, 1928, by sex. We observe that 9,728, or 50 per cent of the resident population, fell in the diagnostic group Dementia Præcox, and that the average age of these patients was 47.2 years. The highest average age was observed in the Senile Psychoses, the figure being 73.9 years. The lowest average age is observed in General Paralysis, that of 46.5 years. The average age for all psychoses in residence was 48.9 years.

TABLE 48. — *Number and Present Average Age of Patients in Residence in State Hospitals and McLean on September 30, 1928, by Certain Psychoses and Sex.*

PSYCHOSES.	RESIDENT PATIENTS.			PRESENT AVERAGE AGE IN YEARS.		
	M.	F.	T.	M.	F.	T.
Senile	199	476	675	72.7	74.4	73.9
Cerebral arteriosclerosis	334	307	641	69.3	69.8	69.5
General paralysis	319	104	423	46.4	46.9	46.5
Alcoholic	969	212	1,181	55.3	55.1	55.3
Other somatic diseases	30	77	107	50.3	46.7	47.7
Manic-depressive	501	975	1,476	52.6	50.4	51.1
Dementia præcox	4,485	5,243	9,728	45.0	49.1	47.2
All other psychoses	2,432	2,553	4,985	42.4	45.7	44.1
Totals	9,269	9,947	19,216	47.3	50.3	48.9

For purposes of comparison, we are including the figures on average age of first regular admissions for the year 1928 by psychoses and sex. Table 49 outlines this material, and shows that the highest average age at admission was found in the Senile Psychoses, the figure being 70.4 years. The lowest age at admission is found in Dementia Præcox, the figure being 33.4 years.

TABLE 49. — *Number of Patients and Average Admission Age of First Regular Admissions to State Hospitals and McLean during the Year ended September 30, 1928, by Certain Psychoses and Sex.*

PSYCHOSES.	FIRST ADMISSIONS.			AVERAGE AGE AT ADMISSION IN YEARS.		
	M.	F.	T.	M.	F.	T.
Senile	126	191	317	70.6	70.4	70.4
Cerebral arteriosclerosis	236	160	396	67.5	67.1	67.3
General paralysis	158	44	202	44.7	44.7	44.7
Alcoholic	179	32	211	46.8	47.0	46.8
Other somatic diseases	34	67	101	52.5	42.8	46.1
Manic-depressive	141	246	387	42.0	38.6	39.9
Dementia præcox	332	295	627	31.4	35.7	33.4
All other psychoses	437	437	874	41.7	42.0	41.8
Totals	1,643	1,472	3,115	46.6	46.9	46.7

Table 50, following, gives the age comparison on totals, by psychoses:

TABLE 50. — *Average Age of First Admissions, 1928, and Resident Population in Institutions on September 30, 1928, by Certain Psychoses.*

PSYCHOSES.	AVERAGE AGE IN YEARS.		
	First Admissions, 1928.	Resident Population, September 30, 1928.	Difference.
Senile	70.4	73.9	3.5
Cerebral arteriosclerosis	67.3	69.5	2.2
General paralysis	44.7	46.5	1.8
Alcoholic	46.8	55.3	8.5
Other somatic diseases	46.1	47.7	1.6
Manic-depressive	39.9	51.1	11.2
Dementia præcox	33.4	47.2	13.8
All other psychoses	41.8	44.1	2.3
Totals	46.7	48.9	2.2

We see that the smallest difference between admission age and the present age of resident cases occurs in psychoses with other somatic diseases, the difference being 1.6 years. The greatest difference occurs in dementia præcox, the difference between admission and resident age being 13.8 years. For all psychoses we find that the difference is 2.2 years.

Comparison between Nativity and Citizenship in First Admissions and Resident Population for the Year 1928.

Table 51 shows the comparison between nativity and citizenship in first admissions, 1928, and resident population September 30, 1928. While 64 per cent of first admissions for 1928 were native-born, we find that 67 per cent of the resident population belonged in this group. The Massachusetts population in 1920 showed 71.7 per cent native-born. While 36 per cent of first admissions in 1928 were foreign born, in the resident population this figure was 33 per cent as compared with 28.3 per cent persons of foreign birth in the population. We see an interesting change within the foreign born group itself. The resident population had 8.9 per cent of patients who were citizens by naturalization and 24.1 per cent aliens. The first admissions, 1928, showed 16.8 per cent citizens by naturalization, and 19.2 per cent aliens. This material is outlined as follows:

TABLE 51. — *Nativity and Citizenship in First Admissions, 1928, and Resident Population, September 30, 1928.*

	PERCENTAGE DISTRIBUTION.		
	First Admissions, 1928.	Resident Population, September 30, 1928.	State Population, 1920.
Native	64.0	67.0	71.7
Foreign Born	36.0	33.0	28.3
Citizens by Naturalization	16.8	8.9	
Aliens	19.2	24.1	
	100.0	100.0	100.0

MENTAL DEFICIENCY.

Patients in Schools for the Mentally Defective, September 30, 1928.

Table 52 shows the total number of mental defectives actually in and on the books of public and private institutions on September 30, 1928:

TABLE 52. — *Number of Patients in Public and Private Schools for the Mentally Defective, September 30, 1928, by School.*

SCHOOLS.		Actually in the Institution.	On the Books.
State		3,912	4,304
Belchertown		860	933
W. E. Fernald		1,660	1,809
Wrentham		1,392	1,562
Private		170	170
Elm Hill ¹		31	31
Mentally Defective in Hospital Cottages ¹		80	80
Ring Sanatorium and Hospital, Inc.		1	1
Dr. Mellus' Private Hospital		1	1
Standish Manor		10	10
Perkins School of Adjustment		35	35
The Freer School		2	2
Clarke School		10	10
Total Patients		4,082	4,474

In State Schools there were 3,912 actually in and 4,304 on the books of the institutions on September 30, 1928. The Belchertown State School had 860 actually in the institution and 933 on the books. The Walter E. Fernald State School had 1,660 actually in the institution and 1,809 on the books. The Wrentham State School had 1,392 actually in the institution and 1,562 on the books.

The eight private schools² had 170 patients on September 30, 1928, the same number being actually in as on the books.

The total number of mentally defective patients in State and private institutions on September 30, 1928, was 4,082 actually in and 4,474 on the books of the various schools.

The rates for the mentally defective per one hundred thousand of the estimated population of the State as of September 30, 1928, was 94.3 for patients actually in the institutions, and 103.4 for those on the books. It should be kept in mind, however, that these rates do not actually picture the incidence of mental defect in the general population of the State. This incidence has been roughly estimated as 3 per cent of the total population of the State (or about 3,000 per 100,000 in terms of rates).

Patients "on Visit," "on Parole" and "on Escape" in State Schools for the Mentally Defective, 1928.

The number of patients "on visit," "on parole," and "on escape" on September 30, 1928, for the three State Schools was 392, or 9.1 per cent of the total number of patients on the books (Table 53). Of the number out, 109, or 27.8 per cent, were "on visit," 216, or 55.0 per cent, were "on parole," and 67, or 17.1 per cent, were "on escape."

TABLE 53. — *Number of Patients "on Visit," "on Parole," and "on Escape" in State Schools on September 30, 1928, by School.*

STATE SCHOOLS.	Num- ber on Books.	"ON VISIT."		"ON PAROLE."		"ON ESCAPE."		TOTAL.	
		Num- ber.	Per Cent.	Num- ber.	Per Cent.	Num- ber.	Per Cent.	Num- ber.	Per Cent.
Belchertown	933	11	1.2	39	4.1	23	2.4	73	7.8
Walter E. Fernald	1,809	58	3.2	70	3.8	21	1.1	149	8.2
Wrentham	1,562	40	2.5	107	6.8	23	1.4	170	10.8
Totals	4,304	109	2.5	216	5.0	67	1.5	392	9.1

¹ These schools take some public patients.

² Elm Hill and Hospital Cottages take some public patients.

On September 30, 1928, the Belchertown State School had 11 patients (1.2 per cent of its total population) "on visit," 39 (4.1 per cent) "on parole," and 23 (2.4 per cent) "on escape," making a total of 73 patients (7.8 per cent) out on visit, escape or parole. The Walter E. Fernald State School had 58 patients (3.2 per cent of its total population) "on visit," 70 (3.8 per cent) "on parole," and 21 (1.1 per cent) "on escape," making a total of 149 patients (8.2 per cent) out of the institution on September 30, 1928. The Wrentham State School had 40 patients (2.5 per cent) "on visit," 107 patients (6.8 per cent) "on parole," and 23 (1.4 per cent) "on escape," making a total of 170 patients (10.8 per cent) "on visit," "on parole," and "on escape."

It should be remembered that patients "on visit" are those absent from the State Schools for a definite period of time, while patients "on parole" are permitted to leave under supervision for an indefinite period, depending upon their behavior in the community. Both are considered as being on the books and under control of the school until discharged.

Number and Percentage of Patients on Visit and Escape from State Schools for the Mentally Defective, 1910-1928, inclusive.

Table 54 shows the number of visits and escapes at the State Schools on September 30 of each year from 1910 to 1928, inclusive. Since 1920 the patients "on visit" include those "on parole." Up to that time the percentage "on visit" at the end of the year (September 30) varied from 4.8 per cent in 1910 to 9.1 in 1920. 1921 shows an increase in the percentage (11.1 per cent), probably due to the fact that a new provision permitting the placement of patients "on parole" was put into effect. These cases were then included with patients placed "on visit." From 1921 to 1924 there was a steady gain of patients "on visit" and "on parole." In 1924 the percentage was 13.7. Since then there has been a steady decline down to 7.5 in 1928. This decline is due partly to the fact that regulations were put into effect requiring the automatic discharge at the end of one year of all patients placed "on visit."

TABLE 54. — *Number and Percentage of Patients "on Visit"¹ and "on Escape" from State Schools for the Mentally Defective, September 30, 1910-1928, inclusive.*

YEAR.	Number on the Books.	Number on Visit. ¹	Per Cent on Visit.	Number on Escape.	Per Cent on Escape.
1910	1,654	80	4.8	7	.4
1911	1,772	115	6.4	15	.8
1912	1,985	130	6.5	10	.5
1913	2,049	104	5.0	23	1.1
1914	2,366	157	6.6	15	.6
1915	2,471	134	5.4	28	1.1
1916	2,873	237	8.2	54	1.8
1917	2,947	222	7.5	52	1.7
1918	3,115	305	9.8	47	1.5
1919	3,219	387	12.0	93	2.8
1920	3,163	290	9.1	53	1.6
1921	3,375	376	11.1	58	1.7
1922	3,315	401	12.1	65	1.9
1923	3,762	463	12.3	60	1.5
1924	4,075	560	13.7	55	1.3
1925	4,125	488	11.8	44	1.0
1926	4,145	429	10.3	56	1.3
1927	4,162	332	7.9	70	1.6
1928	4,304	325	7.5	67	1.5

¹ Includes patients "on parole" since 1920. Number on parole, 1928, 216.

The percentages of patients on escape on September 30 of each year have varied from as low as 0.4 per cent in 1910 to as high as 2.8 per cent in 1919.

Forms of Admission for the Mentally Defective.

In Massachusetts, patients are admitted to State Schools for the Mentally Defective under the following forms:

1. Voluntary admission: Sec. 47, Chap. 123, G. L.
 - a. Application by parent or legal guardian.
 - b. Medical certificate of a physician who has been in actual practice for three years last preceding the making of the oath, and who has examined the patient within five days of his signing and making oath to the certificate.
 - c. Trustees may receive such persons at their discretion.
2. Admission for Observation, Sec. 47, Chap. 123, G. L.
 - a. Application by parent or legal guardian.
 - b. Medical certificate of a physician who has been in actual practice for three years last preceding the making of the oath, and who has examined the patient within five days of his signing and making oath to the certificate.
 - c. Trustees may receive such persons at their discretion, and may detain him for observation for a period not exceeding 30 days.
3. Commitment of Mentally Defective; Sec. 66, Chap. 123, G. L.
 - a. Written application to the probate court.
 - b. Medical certificate of a physician who has been in actual practice for three years last preceding the making of the oath.
 - c. Order of commitment by judge of probate.

ADMISSIONS.

Admissions¹ to State Schools for the Mentally Defective, 1928.

During 1928 there were 376 admissions to State Schools for the Mentally Defective; 342 or 90.7 per cent were first admissions, and 34 or 9.3 per cent were readmissions (Table 55).

TABLE 55. — *Number and Percentage of First Admissions and Readmissions to State Schools for the Mentally Defective, 1928, by School.*²

STATE SCHOOLS.	Total Admissions.	First Admissions.	Readmissions.	Percentage of First Admissions.	Percentage of Readmissions.
Belchertown	110	100	10	90.9	9.1
Walter E. Fernald	163	150	13	92.0	8.0
Wrentham	103	92	11	89.3	10.7
Totals	376	342	34	90.7	9.3

The Belchertown State School contributed 110 admissions, of which 100 or 90.9 per cent were first admissions, and 10 or 9.1 per cent were readmissions. The Walter E. Fernald State School contributed 163 admissions, 150 or 92.0 per cent first admissions and 13 or 8.0 per cent, readmissions.

The Wrentham State School contributed 103 admissions, of which 92, or 89.3 per cent, were first admissions, and 11, or 10.7 per cent, were readmissions.

Age of First Admissions to State Schools, 1928.

The average age at admission of all first admissions to the three State Schools during 1928 was 13.3 years for both sexes (Table 56). The average age was lower for males, being 11.7 years, while the average for females was 16.2 years.

¹ According to the regulations outlined in the Statistical Manual of the National Committee for Mental Hygiene, statistics on first admissions, readmissions, discharges and deaths concern mentally defective patients only (I. Q. .74 or less). In the main the discussion refers to mentally defective patients unless specifically stated otherwise in the tables referred to.

² Including Mentally Defective first admissions and readmissions only (I. Q. .74 or less).

TABLE 56. — *Age Distribution; Number and Percentage of First Admissions to State Schools for the Mentally Defective, 1928, by School and Sex.*¹

AGE GROUPS.	NUMBER.											
	ALL SCHOOLS.			BELCHERTOWN.			WALTER E. FERNALD.			WRENTHAM.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	14	4	18	3	-	3	3	1	4	8	3	11
5-9 years	81	20	101	24	5	29	36	8	44	21	7	28
10-14 years	77	38	115	28	9	37	41	13	54	8	16	24
15-19 years	40	31	71	9	7	16	24	12	36	7	12	19
20-24 years	2	13	15	1	4	5	-	4	4	1	5	6
25-29 years	3	9	12	2	3	5	1	4	5	1	2	2
30-34 years	-	2	2	-	1	1	-	1	1	-	-	-
35-39 years	1	3	4	1	2	3	-	-	-	-	1	1
40-44 years	1	-	1	-	-	-	1	-	1	-	-	-
45-49 years	-	2	2	-	-	-	-	1	1	-	1	1
50 years plus	1	-	1	1	-	1	-	-	-	-	-	-
Totals	220	122	342	69	31	100	106	44	150	45	47	92
Average Age in Years	11.7	16.2	13.3	12.7	17.8	14.3	12.1	16.1	13.2	9.5	15.4	12.5

¹ Includes Mentally Defective first admissions only (I. Q. .74 or less).

TABLE 56. — Age Distribution; Number and Percentage of First Admissions to State Schools for the Mentally Defective, 1928, by School and Sex ¹—Concluded.

AGE GROUPS.		PER CENT.											
		ALL SCHOOLS.			BELCHERTOWN.			WALTER E. FERNALD.			WRENTHAM.		
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	.	6.4	3.3	5.3	4.4	—	3.0	2.8	2.2	2.6	17.8	6.4	11.9
5-9 years	.	36.8	16.4	29.5	34.8	16.1	29.0	34.0	18.1	29.3	46.7	14.9	30.4
10-14 years	.	35.0	31.1	33.6	40.6	29.0	37.0	38.7	29.5	36.0	17.8	34.1	26.1
15-19 years	.	18.2	25.4	20.7	13.0	22.6	16.0	22.6	27.3	24.0	15.5	25.5	20.7
20-24 years	.	.9	10.7	4.4	1.5	12.9	5.0	—	9.1	2.7	2.2	10.6	6.5
25-29 years	.	1.4	7.4	3.5	2.9	9.7	5.0	.9	9.1	3.3	—	4.3	2.2
30-34 years	.	—	1.6	.6	—	3.2	1.0	—	2.3	.7	—	—	—
35-39 years	.	.4	2.5	1.2	1.4	6.5	3.0	—	—	—	—	2.1	1.1
40-44 years	.	.5	—	.3	—	—	—	1.0	—	.7	—	—	—
45-49 years	.	—	1.6	.6	—	—	—	—	2.3	.7	—	2.1	1.1
50 years plus	.	.4	—	.3	1.4	—	1.0	—	—	—	—	—	—
Totals	.	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Age in Years	.	—	—	—	—	—	—	—	—	—	—	—	—

¹ Includes Mentally Defective first admissions only (1 Q. .74 or less).

For Belchertown State School the average age for both sexes was 14.3 years; 12.7 years for males, and 17.8 years for females. For the Walter E. Fernald State School the average age for both sexes was 13.2 years; 12.1 years for males, and 16.1 years for females. For the Wrentham State School the average age for both sexes was 12.5 years; 9.5 years for males, and 15.4 years for females. It may be noticed that for each school the average age for females is higher than the average age for both sexes.

More than one-half of all the patients admitted are under 15 years of age (68.4 per cent), and this general tendency is noted for each school. The number of children admitted under the age of 5 years is largest for Wrentham. This is probably due to the fact that during the past few years this school has adopted the policy of admitting the very young mentally defective.

Rates for Specific Age Groups of Admissions to State Schools, 1928.

Table 57 and Graph 8 show the rates of admission for specific age groups in terms of the same age group of the general population, 1920 census. It presents a fairly accurate picture, not of the incidence of mental defect in terms of age, but rather the ages at which the urgency for admission to State Schools is greatest. Whether one is dealing with first admissions or readmissions the largest number of children admitted fall in the age group 5 to 14 years.

TABLE 57. — *Age of Admissions and Readmissions to State Schools for the Mentally Defective, 1928.*¹

[Rates per 100,000 of same ages in Massachusetts population, 1920.]

AGE GROUPS.	TOTAL ADMISSIONS.		FIRST ADMISSIONS.		READMISSIONS.	
	Total.	Rate per 100,000, Same Age Group.	Total.	Rate per 100,000, Same Age Group.	Total.	Rate per 100,000, Same Age Group.
Under 5 years	21	5.4	18	4.6	3	.7
5-14 years	230	33.1	216	31.1	14	2.0
15-24 years	94	14.9	86	13.6	8	1.2
25-34 years	19	2.9	14	2.1	5	.7
35-44 years	7	1.2	5	.8	2	.3
45-54 years	4	.9	3	.6	1	.2
55 years plus	1	.2	—	—	1	.2
Total All Ages ¹	376	9.7	342	8.7	34	.8

¹ Includes mentally defective first admissions and readmissions only (I. Q. .74 or less).

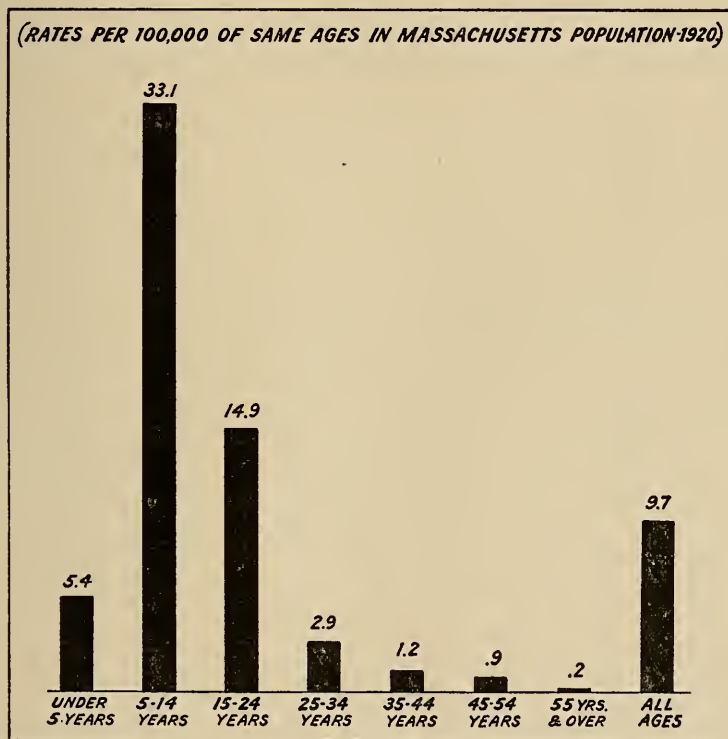
The rate per hundred thousand for the population of the State for total admissions is 9.7; for first admissions, 8.7 and for readmissions, 0.8. This is not a true measure of the incidence of mental defect but simply presents the rates on admissions for a single year, or the annual rates for the withdrawal of mental defectives from the community in the State of Massachusetts.

Citizenship of First Admissions to State Schools, 1928.

In our groups, the aliens and those naturalized are very much smaller than the figures for the entire population (Table 58). Citizens by birth are greatly over-represented, the figure of 94.1 greatly exceeding the figure of 71.7, which is the percentage of the same class in the entire State population.

TABLE 58. — *Percentage Distribution of Citizenship in First Admissions to State Schools for the Mentally Defective, 1928, by Sex.*¹

CITIZENSHIP.	ALL SCHOOLS (PER CENT).		
	Males.	Females.	Total.
Alien	4.1	3.3	3.8
Naturalized	.5	1.6	.8
Citizens	94.5	93.4	94.1
Unknown	.9	1.7	1.3
Totals	100.0	100.0	100.0

¹ Includes mentally defective first admissions only (I. Q. .74 or less).

GRAPH 8. — AGES OF MENTALLY DEFECTIVE ADMISSIONS TO STATE SCHOOLS, 1928.

In so far as the foreign born coming to this country fall in the older age groups, with comparatively few under twenty years of age, we can understand the small numbers of aliens and naturalized citizens in our first admissions to State Schools.

Percentage Distribution of Ages by Nativity and Parentage of First Admissions to State Schools, 1928.

As we have already seen (Table 56), the average age for first admissions was 13.3 years for both sexes; 11.7 years for males, and 16.2 years for females.

The foreign born show a higher average age for both sexes, 14.8 years; 11.4 years for males, and 20.0 years for females (Table 59). This fact was also noted for the insane. The native-born show an average age of 13.2 years for both sexes; 11.9 years for males, and 16.1 years for females.

TABLE 59. — *Percentage Distribution of Ages in First Admissions to State Schools for the Mentally Defective, 1928, by Nativity, Percentage and Sex.¹*

AGE GROUPS.	AGGREGATE.			NATIVE.												FOREIGN BORN (TOTAL).		
	M.	F.	T.	PARENTAGE.						UNKNOWN.								
				TOTAL.			NATIVE.			FOREIGN.			MIXED.			UNKNOWN.		
				M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	6.4	3.3	5.3	6.2	3.3	5.2	5.7	4.1	5.3	1.9	2.6	2.3	11.4	4.3	8.9	11.2	—	6.7
5-9 years	37.1	16.5	29.7	37.4	16.3	29.9	43.4	24.5	37.4	29.5	10.6	21.4	36.3	13.0	28.3	22.2	16.7	20.0
10-14 years	34.3	30.5	33.0	34.6	32.6	33.6	29.3	32.6	30.4	49.1	39.5	44.9	31.8	21.8	28.3	44.4	16.6	33.2
15-19 years	18.3	25.6	20.9	18.0	25.8	20.5	17.9	22.4	19.4	15.7	31.6	22.5	15.9	17.4	16.5	22.2	16.7	20.0
20-24 years	—	9	10.7	4.4	—	10.2	4.4	—	6.1	1.9	1.9	7.9	4.5	2.3	21.8	9.0	—	16.6
25-29 years	1.5	7.5	3.6	1.4	6.9	3.4	1.9	6.1	3.2	—	2.6	1.1	2.3	13.0	6.0	—	16.7	6.7
30-34 years	—	1.7	.6	—	.7	.4	—	2.1	.6	—	—	—	—	—	—	—	16.7	6.7
35-39 years	.5	2.5	1.3	.5	2.5	1.2	.9	—	.6	—	2.6	1.1	—	8.7	3.0	—	—	—
40-44 years	.5	—	.3	.5	—	.4	.9	—	.6	—	2.6	1.1	—	—	—	—	—	—
45-49 years	—	1.7	.6	—	1.7	.6	—	2.1	.6	—	—	—	—	—	—	—	—	—
50 years plus	.5	—	.3	.5	—	.4	—	—	—	1.9	—	1.1	—	—	—	—	—	—
Totals	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Age	11.7	16.2	13.3	11.9	16.1	13.2	11.4	14.6	12.8	12.6	16.1	14.1	10.9	18.6	13.3	12.5	20.5	15.0

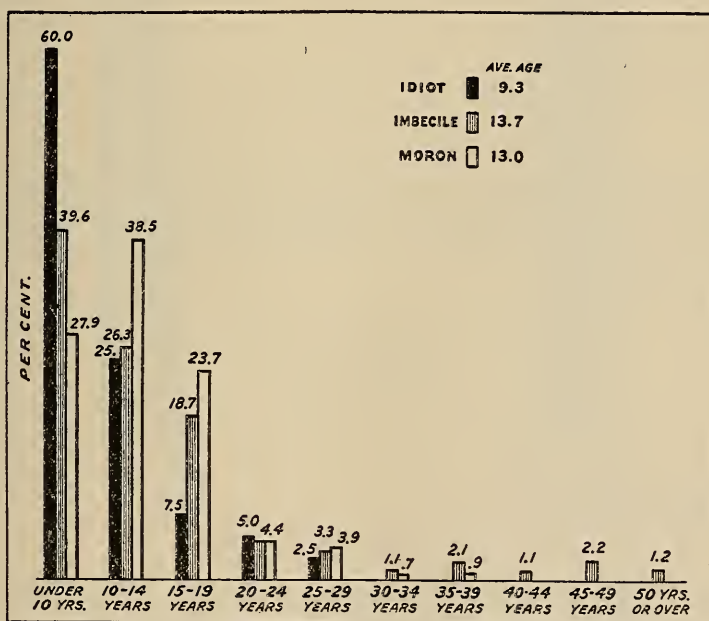
¹ Includes Mentally Defective first admissions only (I. Q. .74 or less).

When the parentage of the native-born alone is considered, patients of unknown parentage show the highest average age for both sexes, 15.0 years; 12.5 years for males, and 20.5 years for females. Patients of foreign parentage show the next highest average age, which is 14.1 years for both sexes; 12.6 years for males, and 16.1 years for females. Patients of mixed parentage follow, with an average age for both sexes of 13.3 years; 10.9 years for males, and 18.6 years for females. Native patients of native parentage have the lowest average age at admission for both sexes, 12.8 years; 11.4 years for males, and 14.6 years for females.

As has been previously noted, the females present the highest average age in each group under consideration.

Percentage Distribution of Ages in First Admissions to State Schools, 1928, by Mental Status.

The percentage distribution of ages in the mental groupings shows that the lower grade cases predominate in the younger age groups (Graph 9). For example, in the group under 10 years of age we see the following percentages: Idiot, 60 per cent; imbecile, 39.6; moron, 27.9.



GRAPH 9. — PERCENTAGE DISTRIBUTION OF AGES IN MENTALLY DEFECTIVE FIRST ADMISSIONS TO STATE SCHOOLS, 1928, BY MENTAL STATUS.

The morons have larger numbers in the higher age groups up to and including age 20-24 years. In the age groups above this, however, we see that the imbeciles have more cases than fall in the idiot or moron groups.

The average age for idiots among the first admissions is 9.3 years for both sexes; 7.4 years for males, and 11.5 years for females (Table 60). For imbeciles the average age for both sexes is 13.7 years; 11.9 years for males, and 17.1 years for females. For morons the average age for both sexes is 13.0 years; 11.0 years for males, and 16.6 years for females.

TABLE 60. — *Percentage Distribution of Ages, in First Admissions to State Schools for the Mentally Defective, 1928, by Mental Status and Sex.*¹

AGE GROUPS.	FIRST ADMISSIONS.											
	TOTAL.			IDIOT.			IMBECILE.			MORON.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 10 years .	43.1	19.6	34.8	77.3	38.8	60.0	45.7	28.1	39.6	36.5	11.2	27.9
10-14 years .	35.0	31.2	33.7	18.2	33.3	25.0	27.1	25.0	26.3	41.0	33.3	38.5
15-19 years .	18.1	25.4	20.6	—	16.7	7.5	20.3	15.6	18.7	20.5	31.9	23.7
20-24 years .	.9	10.7	4.4	—	11.2	5.0	1.7	9.4	4.4	.6	11.2	4.4
25-29 years .	1.4	7.4	3.5	4.5	—	2.5	—	9.4	3.3	1.4	8.3	3.9
30-34 years .	—	1.6	.6	—	—	—	—	3.1	1.1	—	1.4	.7
35-39 years .	.5	2.5	1.2	—	—	—	1.7	3.1	2.1	—	2.7	.9
40-44 years .	.5	—	.3	—	—	—	1.7	—	1.1	—	—	—
45-49 years .	—	1.6	.6	—	—	—	—	6.3	2.2	—	—	—
50 years plus .	.5	—	.3	—	—	—	1.8	—	1.2	—	—	—
Totals .	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Age	11.7	16.2	13.3	7.4	11.5	9.3	11.9	17.1	13.7	11.0	16.6	13.0

¹ Idiot I. Q. under .25; Imbecile I. Q. .25-.49; Moron I. Q. .50-.74. Admissions not mentally defective are excluded (I. Q. .75 or over).

In every instance the average age for females is higher than that for males.

Environment of First Admissions to State Schools, 1928.

When classified by environment, the first admissions to State Schools show little difference in comparison with those in urban and rural centers in the general population (Table 61 and Graph 10). The rate per hundred thousand of the general population for the same environment is 8.8 for all first admissions, 8.7 for urban and 10.8 for rural.

TABLE 61. — *Environment of First Admissions to State Schools for the Mentally Defective, 1928.*¹

[Compared with Massachusetts population, 1920.]

	Total.	Urban.	Rural.
First admissions .	342	320	22
First admissions in percentage .	100.0	96.4	3.6
Massachusetts Census, 1920, in percentage .	100.0	94.8	5.2
First admissions, rate per 100,000 ² .	8.8	8.7	10.8

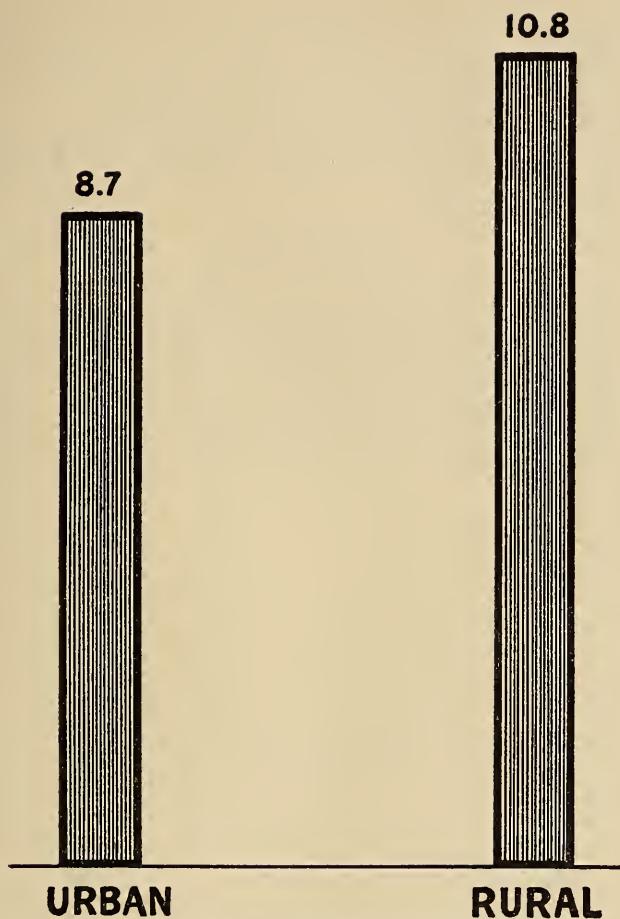
¹ Includes mentally defective first admissions only (I. Q. .74 or less).

² General population, same environment.

This table may be interpreted somewhat differently. A certain number may be classified as urban because they come from districts where the population is 2,500 or more, and yet certain parts may be essentially rural in character. If this is the case, one may infer with some degree of assurance that, defined sociologically, there may be a preponderance of first admissions from rural areas.

Economic Condition and Mental Status of First Admissions to State Schools, 1928.

As one would expect, the largest proportion (71.1 per cent) of first admissions belong to the marginal class (Table 62). At the same time, however, a considerable portion (26.0 per cent) come from the dependent class.



GRAPH 10. — ENVIRONMENT OF MENTALLY DEFECTIVE FIRST ADMISSIONS TO STATE SCHOOLS, 1928 (RATES PER 100,000 OF SAME ENVIRONMENT IN MASSACHUSETTS POPULATION, 1920).

TABLE 62. — *Percentage Distribution of Economic Condition in First Admissions¹ to State Schools for the Mentally Defective, 1928, by Mental Status² and Sex.*

ECONOMIC CONDITION.	TOTAL.			IDIOT.			IMBECILE.			MORON.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent .	27.0	24.0	26.0	13.6	5.5	10.0	19.0	15.7	17.5	32.3	31.9	32.3
Marginal .	70.4	73.0	71.1	82.0	94.5	87.5	80.0	78.1	79.1	64.8	65.3	64.9
Comfortable .	2.6	2.5	2.6	4.4	—	2.5	1.0	3.1	2.3	2.9	2.8	2.8
Unknown .	—	.5	.3	—	—	—	—	3.1	1.1	—	—	—
Totals .	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

¹ Includes mentally defective first admissions only (I. Q. .74 or less).

² Idiot I. Q. under .25; Imbecile I. Q. .25-.49; Moron I. Q. .50-.74.

When the mental status is taken into consideration in addition to economic status, it may be observed that patients in the moron group show a higher percentage in the dependent class (32.3 per cent) than is noted for the group as a whole. A smaller percentage of morons is found in the marginal class (64.9 per cent). In the idiot group almost twice as many males come from the comfortable class (4.4 per cent) as for the group as a whole (2.6 per cent).

This table should not be interpreted as showing the incidence of mental defect in the general population in terms of economic condition. It gives a picture only of the economic condition of certain patients who were admitted for the first time to our State Schools during 1928.

READMISSIONS.

Age of Readmissions to State Schools, 1928.

The average age of readmissions to State Schools is 18.7 years for both sexes; 21.8 years for males, and 13.0 years for females (Table 63). For the Belchertown State School, the average age of readmissions is 20.0 years for both sexes; 22.5 years for males, and 10.0 years for females. The average age of readmissions at the Walter E. Fernald State School is 24.0 years for both sexes; 24.2 years for males, and 23.7 years for females. For the Wrentham State School the average age is 11.1 years for both sexes; 16.5 years for males, and 6.6 years for females.

TABLE 63. — *Number and Percentage Distribution of Ages in Readmissions to State Schools for the Mentally Defective, 1928, by School and Sex.*¹

AGE GROUPS.	NUMBER.											
	TOTAL ALL SCHOOLS.			BELCHERTOWN.			WALTER E. FERNALD.			WRENTHAM.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	—	3	3	—	—	—	—	—	—	—	3	3
5-9 years	2	3	5	2	1	3	—	—	—	—	2	2
10-14 years	6	3	9	2	1	3	2	2	4	2	—	2
15-19 years	5	1	6	2	—	2	1	—	1	2	1	2
20-24 years	2	—	2	—	—	—	1	—	—	1	—	—
25-29 years	3	1	4	—	—	—	3	1	4	1	—	1
30-34 years	1	—	1	—	—	—	—	—	—	—	—	—
35-39 years	1	—	1	—	—	—	1	—	1	—	—	—
40-44 years	—	—	—	—	—	—	—	—	—	—	—	—
45-49 years	1	1	2	1	—	1	—	1	1	—	—	—
50-54 years	—	—	—	—	—	—	—	—	—	—	—	—
55 years plus	1	—	1	1	—	1	—	—	—	—	—	—
Totals	22	12	34	8	2	10	9	4	13	5	6	11
Average Age	21.8	13.0	18.7	22.5	10.0	20.0	24.2	23.7	24.0	16.5	6.6	11.1

¹ Includes mentally defective readmissions only (1. Q. .74 or less).

TABLE 63. — *Number and Percentage Distribution of Ages in Readmissions to State Schools for the Mentally Defective, 1928, by School and Sex*¹—Concluded.

AGE GROUPS.	PER CENT.											
	TOTAL.			BELCHERTOWN.			WALTER E. FERNALD.			WRENTHAM.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	—	25.0	8.8	—	—	—	—	—	—	—	50.0	27.3
5-9 years	9.1	25.0	14.7	25.0	50.0	30.0	—	—	—	—	33.3	18.2
10-14 years	27.3	25.0	26.5	25.0	50.0	30.0	22.2	50.0	30.8	40.0	—	18.2
15-19 years	22.7	8.3	17.7	25.0	—	20.0	11.1	—	7.7	40.0	16.7	27.3
20-24 years	9.1	—	5.9	—	—	—	11.1	—	7.7	20.0	—	9.0
25-29 years	13.6	8.3	11.8	—	—	—	33.3	25.0	30.8	—	—	—
30-34 years	4.6	—	2.9	—	—	—	11.1	—	7.7	—	—	—
35-39 years	4.5	—	2.9	—	—	—	11.1	25.0	7.7	—	—	—
40-44 years	—	8.4	—	12.5	—	10.0	—	—	7.6	—	—	—
45-49 years	4.6	—	2.9	—	—	—	—	—	—	—	—	—
50-54 years	—	—	—	—	—	—	—	—	—	—	—	—
55 years plus	4.5	—	3.0	12.5	—	10.0	—	—	—	—	—	—
Totals	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Age	—	—	—	—	—	—	—	—	—	—	—	—

¹ Includes mentally defective readmissions only (I. Q. 74 or less).

Fifty per cent of the patients readmitted to State Schools fall in the age group under 15 years and, as in the case of first admissions, this general tendency is noted for each school except the Walter E. Fernald State School.

DISCHARGES.

Discharges from State Schools, 1928.

During 1928, 182 patients were discharged from the three State Schools for the Mentally Defective (Table 64). Twenty-seven or 14.8 per cent were from the Belchertown State School; 84 or 46.2 per cent were from the Walter E. Fernald State School; and 71 or 39.0 per cent were from the Wrentham State School. Most of these patients represent persons of the higher mental grades who, in the opinion of the school superintendents, gave promise of a good adjustment in the community.

TABLE 64. — *Number and Percentage Distribution of Discharges from State Schools for the Mentally Defective, 1928, by School and Sex.*¹

STATE SCHOOLS.	DISCHARGES.					
	NUMBER.			PER CENT.		
	M.	F.	T.	M.	F.	T.
Belchertown	16	11	27	13.9	16.4	14.8
Walter E. Fernald	62	22	84	54.0	32.8	46.2
Wrentham	37	34	71	32.1	50.8	39.0
Totals	115	67	182	100.0	100.0	100.0

¹ Includes mentally defective discharges only (I. Q. .74 or less).

Note. — Resident population of the three schools is as follows: Belchertown, 860; Walter E. Fernald, 1,660; and Wrentham, 1,392.

Mental Status of Patients Discharged from State Schools, 1928.

Of the 182 discharges from the three State Schools in 1928, 119 or 65.5 per cent were morons, 46 or 25.2 per cent were imbeciles, and 17 or 9.3 per cent were idiots (Table 65). It is interesting to note that morons constitute more than three-fifths of the discharges. The sex differences are not significant. On the other hand it may be noticed that of the total discharges 115 or 63.1 per cent were males.

TABLE 65. — *Number and Percentage Distribution of Mental Defectives Discharged from State Schools, 1928, by Mental Status and Sex.*¹

MENTAL STATUS.	DISCHARGES.					
	NUMBER.			PER CENT.		
	M.	F.	T.	M.	F.	T.
Idiot	9	8	17	7.9	11.9	9.3
Imbecile	26	20	46	22.6	29.9	25.2
Moron	80	39	119	69.5	58.2	65.5
Totals	115	67	182	100.0	100.0	100.0

¹ Includes mentally defective discharges only (I. Q. .74 or less).

Mental Status of Patients Discharged during 1928 and Rates per One Hundred First Admissions.

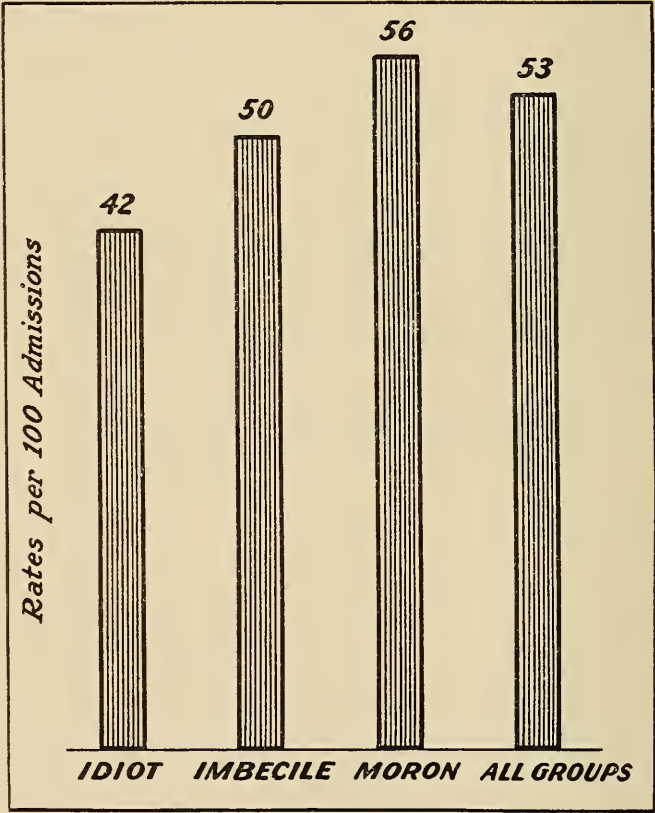
The best index available for comparing discharges of one class of patients and another is the rate per one hundred first admissions of the same mental status.

Table 66 and Graph 11 show the rate of discharges per one hundred first admissions. For both sexes, irrespective of mental status, the rate of discharge is 53.2 per each one hundred first admissions; for males, 52.3, and for females, 54.9.

TABLE 66. — *Mental Status of Mental Defectives Discharged from State Schools, 1928.*
[Rates per 100 first admissions of same mental status.¹]

MENTAL STATUS.	FIRST ADMISSIONS. ²			DISCHARGES. ²					
	NUMBER.			NUMBER.			RATE PER 100 FIRST ADMISSIONS, SAME MENTAL STATUS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	22	18	40	9	8	17	40.9	44.4	42.5
Imbecile	59	32	91	26	20	46	44.0	62.5	50.5
Moron	139	72	211	80	39	119	57.5	54.1	56.4
Totals	220	122	342	115	67	182	52.3	54.9	53.2

¹ Idiot I. Q. under .25; Imbecile I. Q. .25-.49; Moron I. Q. .50-.74.
² Admissions and Discharges classified as not mentally defective (I. Q. .75 or higher) are not considered in this table.



GRAPH 11. — MENTAL STATUS OF MENTALLY DEFECTIVE DISCHARGES FROM STATE SCHOOLS, 1928 (RATES PER 100 ADMISSIONS OF SAME MENTAL STATUS).

When comparison is made of mental status, the highest discharge rate is noted for female imbeciles (62.5 discharges per one hundred first admissions of the same mental status). The next highest is for the male moron group (57.5), and next for the female morons (54.1). The lowest rate is for male idiots (40.9), and the next lowest for female idiots (44.4).

Age and Mental Status of Patients Discharged from State Schools, 1928.

The average age of mental defectives discharged from State Schools is 15.6 years for both sexes; 13.2 years for males, and 19.7 years for females (Table 67).

TABLE 67. — *Percentage Distribution of Ages in Mental Defectives Discharged from State Schools, 1928, by Mental Status and Sex.*¹

AGE.	TOTAL.			IDIOT.			IMBECILE.			MORON.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 10 years .	26.1	13.4	21.4	33.3	50.0	41.2	38.4	—	21.7	21.2	12.8	18.5
10-14 years .	46.1	17.9	35.7	44.4	12.5	29.4	42.3	30.0	36.9	47.5	12.8	36.1
15-19 years .	19.1	29.9	23.2	11.1	12.5	11.7	11.4	20.0	15.3	22.5	38.3	27.7
20-24 years .	5.2	13.5	8.2	—	12.5	5.9	4.1	10.0	6.6	6.4	15.3	9.2
25-29 years .	2.6	10.5	5.5	11.2	—	5.9	3.8	20.0	10.8	1.2	8.0	3.4
30-34 years .	.9	5.9	2.8	—	12.5	5.9	—	10.0	4.3	1.2	2.6	1.7
35-39 years .	—	5.9	2.2	—	—	—	—	—	—	—	10.2	—
40-44 years .	—	1.5	.5	—	—	—	—	5.0	2.2	—	—	—
45 years plus .	—	1.5	.5	—	—	—	—	5.0	2.2	—	—	—
Totals .	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Age	13.2	19.7	15.6	13.0	14.2	13.6	12.1	22.6	16.8	13.6	19.5	16.0

¹ Idiot I. Q. under .25; Imbecile I. Q. .25-.49; Moron I. Q. .50-.74.

The average age of idiots, both sexes, is 13.6 years; 13.0 years for males, and 14.2 years for females. For imbeciles of both sexes, the average age is 16.8 years; 12.1 years for males, and 22.6 years for females. For morons of both sexes, the average age is 16.0 years; 13.6 years for males, and 19.5 years for females. The average age for imbeciles is slightly in excess of the morons when both sexes are considered. Idiots show the lowest average age for both sexes.

In all degrees of mental status the females show the highest average ages.

Duration of School Residence and Mental Status of Patients Discharged from State Schools, 1928.

Table 68 concerns itself with the duration of school residence during the present admission, classified by mental status. The average residence in years, irrespective of mental status during the present admission, was 6.3 years for both sexes; 5.9 years for males, and 7.0 years for females.

Table 69 gives similar information in terms of all admissions. Here the average residence is 7.6 years for both sexes; 6.2 years for males, and 8.8 years for females.

The average years in residence of idiots during this admission is 5.6 years for both sexes; 3.5 years for males, and 7.8 years for females. The average years in residence of idiots during all admissions is 6.4 years for both sexes; 5.1 years for males, and 7.8 years for females.

TABLE 68. — *Percentage Distribution of Length of Time in Residence during this Admission, of All Patients Discharged from State Schools, 1928, by Mental Status and Sex.*¹

DURATION OF SCHOOL RESIDENCE.	TOTAL.			IDIOT.			IMBECILE.			MORON.			NOT MENTALLY DEFECTIVE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 year	20.6	10.2	16.7	33.3	12.5	23.5	7.7	10.0	8.7	20.0	10.2	16.8	35.0	—	22.4
1-4 years	35.3	40.5	37.2	33.3	25.0	29.4	38.5	60.0	47.8	35.0	33.3	34.4	30.0	45.4	35.6
5-9 years	25.7	18.9	23.2	33.4	37.5	35.3	38.5	—	21.7	25.0	23.2	24.4	10.0	27.3	16.2
10-14 years	12.5	20.3	15.3	—	12.5	5.9	3.8	25.0	13.1	16.2	20.5	17.6	15.0	18.2	16.2
15-19 years	4.4	6.3	5.2	—	—	—	7.7	—	4.3	2.5	12.8	5.9	10.0	—	6.4
20-24 years	1.5	2.5	1.9	—	12.5	5.9	3.8	—	2.2	1.3	—	.9	—	9.1	3.2
25-29 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
30-34 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
35 years and over	—	1.3	.5	—	—	—	—	5.0	2.2	—	—	—	—	—	—
Totals	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average residence in years	5.9	7.0	6.3	3.5	7.8	5.6	6.5	7.1	6.8	5.7	7.8	6.4	5.4	7.5	6.2

¹ Idiot I. Q. under 25; Imbecile I. Q. 25-49; Moron I. Q. 50-74; not Mentally Defective I. Q. 75 and over.

TABLE 69. — *Percentage Distribution of Length of Time in Residence during All Admissions, of All Patients Discharged from State Schools, 1928, by Mental Status and Sex.*¹

DURATION OF SCHOOL RESIDENCE.	TOTAL.			IDIOT.			IMBECILE.			MORON.			NOT MENTALLY DEFECTIVE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 year	17.6	7.5	13.9	33.3	12.5	23.5	7.7	—	4.4	15.0	10.3	13.4	35.0	—	32.6
1-4 years	36.8	36.9	36.7	33.3	25.0	29.4	38.5	55.0	45.6	37.5	28.2	34.4	30.0	45.4	35.5
5-9 years	19.8	17.6	19.1	11.1	37.5	23.5	26.9	5.0	17.4	22.5	17.9	21.0	5.0	27.3	12.9
10-14 years	16.9	22.8	19.1	11.1	12.5	11.8	15.4	20.0	17.4	17.5	28.2	21.0	20.0	18.2	19.4
15-19 years	7.3	5.1	6.6	11.1	—	5.9	7.7	10.0	8.6	6.3	5.1	5.9	10.0	—	6.4
20-24 years	1.6	7.5	3.8	—	12.5	5.9	3.8	—	2.2	1.2	10.3	4.3	—	9.1	3.2
25-29 years	—	1.3	.4	—	—	—	—	5.0	2.2	—	—	—	—	—	—
30-34 years	—	—	.4	—	—	—	—	5.0	2.2	—	—	—	—	—	—
35 years and over	—	1.3	.4	—	—	—	—	—	—	—	—	—	—	—	—
Totals	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average residence in years	6.2	8.8	7.6	5.1	7.8	6.4	7.1	9.5	8.6	6.2	8.8	7.1	5.7	7.5	6.4

¹ Idiot I. Q. under 25; Imbecile I. Q. 25-49; Moron I. Q. 50-74; not Mentally Defective I. Q. 75 and over.

The imbeciles spent an average of 6.8 years in residence during this admission (both sexes); 6.5 years for males, and 7.1 years for females. During all admissions the average for this class of patients was 8.6 years for both sexes; 7.1 years for males, and 9.5 years for females.

The average years in residence during this admission of morons were 6.4 years for both sexes; 5.7 years for males, and 7.8 years for females. During all admissions the average was 7.1 years for both sexes; 6.2 years for males, and 8.8 years for females.

For those not mentally defective the average years in residence during this admission totaled 6.2 years for both sexes; 5.4 years for males, and 7.5 years for females. During all admissions the average length of residence was 6.4 years for both sexes; 5.7 years for males, and 7.5 years for females.

DEATHS.

Age and Mental Status of Patients who Died in State Schools, 1928.

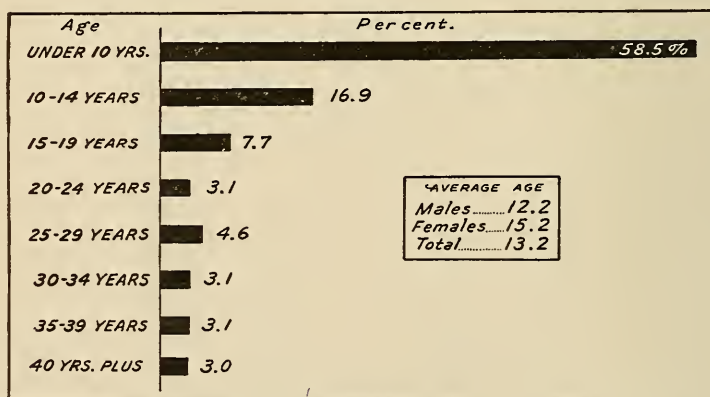
The average of patients who died in State Schools for the Mentally Defective, irrespective of mental status, was 13.2 years for both sexes; 12.2 years for males, and 15.2 years for females (Table 70 and Graph 12).

TABLE 70. — *Percentage Distribution of Ages in All Patients who Died in State Schools, 1928, by Mental Status and Sex.*¹

AGE.	TOTAL.			IDIOT.			IMBECILE.			MORON.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 10 years .	57.7	59.3	58.5	68.7	72.7	70.4	47.4	66.7	53.6	66.6	28.5	40.0
10-14 years .	21.1	11.1	16.9	18.7	9.1	14.8	26.3	—	17.9	—	28.6	20.0
15-19 years .	5.3	11.1	7.7	6.3	9.1	7.4	—	11.1	3.6	33.4	14.3	20.0
20-24 years .	5.3	—	3.1	—	—	—	10.5	—	7.1	—	—	—
25-29 years .	5.3	3.7	4.6	—	—	—	10.5	11.1	10.6	—	—	—
30-34 years .	5.3	—	3.1	6.3	—	3.7	5.3	—	3.6	—	—	—
35-39 years .	—	7.4	3.1	—	9.1	3.7	—	—	—	—	14.3	10.0
40-44 years .	—	—	—	—	—	—	—	—	—	—	—	—
45-49 years .	—	3.7	1.5	—	—	—	—	—	—	—	14.3	10.0
50 years plus .	—	3.7	1.5	—	—	—	—	11.1	3.6	—	—	—
Totals .	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Age	12.2	15.2	13.5	10.6	11.6	11.0	13.8	15.8	14.5	10.8	20.4	17.5

¹ Idiot I. Q. under .25; Imbecile I. Q. .25-.49; Moron I. Q. .50-.74.

Note. — No patients in class "Not Mentally Defective" (I. Q. .75 or over) died during the year.



GRAPH 12. — PERCENTAGE DISTRIBUTION, BY AGES, OF MENTAL DEFECTIVES DYING IN STATE SCHOOLS DURING 1928.

The average age for idiots was 11.0 years for both sexes; 10.6 years for males, and 11.6 years for females. For imbeciles the average age for both sexes was 14.5 years; 13.8 years for males, and 15.8 years for females. For morons the average age was 17.5 years for both sexes; 10.8 years for males, and 20.4 years for females. The average age for morons of both sexes exceeds that for any other group.

Duration of School Residence during All Admissions of Patients Dying in State Schools, 1928.

The average length of school residence during all admissions of patients dying at State Schools is 7.6 years for both sexes (Table 71). For males the average length of stay is longer than for females, 9.2 years as against 5.4 years for females.

TABLE 71. — *Percentage Distribution of Length of Time in Residence during All Admissions of All Patients Dying in State Schools, 1928, by Mental Status and Sex.*¹

DURATION OF SCHOOL RESIDENCE.	TOTAL.			IDIOT.			IMBECILE.			MORON.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 year . . .	30.8	3.8	19.7	18.7	9.1	14.8	31.6	—	21.4	66.7	—	20.0
1-4 years . . .	30.8	66.6	45.5	43.7	54.5	48.2	21.0	88.9	42.8	33.3	57.2	50.0
5-9 years . . .	12.8	14.8	13.7	25.0	27.3	25.9	5.2	11.1	7.2	—	—	—
10-14 years . . .	2.6	7.4	4.5	6.3	—	3.7	—	—	—	—	28.5	20.0
15-19 years . . .	—	7.4	3.0	—	9.1	3.7	—	—	—	—	14.3	10.0
20-24 years . . .	7.7	—	4.5	—	—	—	15.9	—	10.7	—	—	—
25-29 years . . .	5.0	—	3.0	6.3	—	3.7	5.2	—	3.6	—	—	—
30-34 years . . .	2.6	—	1.6	—	—	—	5.2	—	3.6	—	—	—
35 years and over . . .	7.7	—	4.5	—	—	—	15.9	—	10.7	—	—	—
Totals . . .	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average residence in years . . .	9.2	5.4	7.6	5.5	5.0	5.3	14.1	3.2	10.5	1.9	7.5	5.6

¹ Idiot I. Q. under .25; Imbecile I. Q. .25-.49; Moron I. Q. .50-.74.

Note. — No patients in class "Not Mentally Defective" (I. Q. .75 or over) died during the year.

Imbeciles tend to remain the longest period of time, 10.5 years for both sexes. This is probably due to the fact that a higher percentage (28 per cent) of the patients in this group died after twenty years of age. Morons remain the next longest, 5.6 years for both sexes, while the idiots remain on an average of 5.3 years (both sexes).

It is striking that the average length of school residence is longer for males than for females in each instance.

RESIDENT PATIENTS.

Present Age of Patients Resident in State Schools, 1928.

In Table 72 and Graph 13 the average age of patients in residence in State Schools is shown to be 22.6 years for both sexes; 20.7 years for males, and 24.2 years for females. The average age for both sexes at Belchertown State School is 22.7 years; 20.1 years for males, and 24.9 years for females. For the W. E. Fernald State School the average age of patients in residence is 24.3 years for both sexes; 22.6 years for males, and 26.9 years for females. The average age at Wrentham State School is 20.7 years for both sexes; 17.6 years for males, and 22.7 years for females.

TABLE 72. — *Number and Percentage Distribution of Present Age in Resident Population of State Schools on September 30, 1928, by Sex.*¹

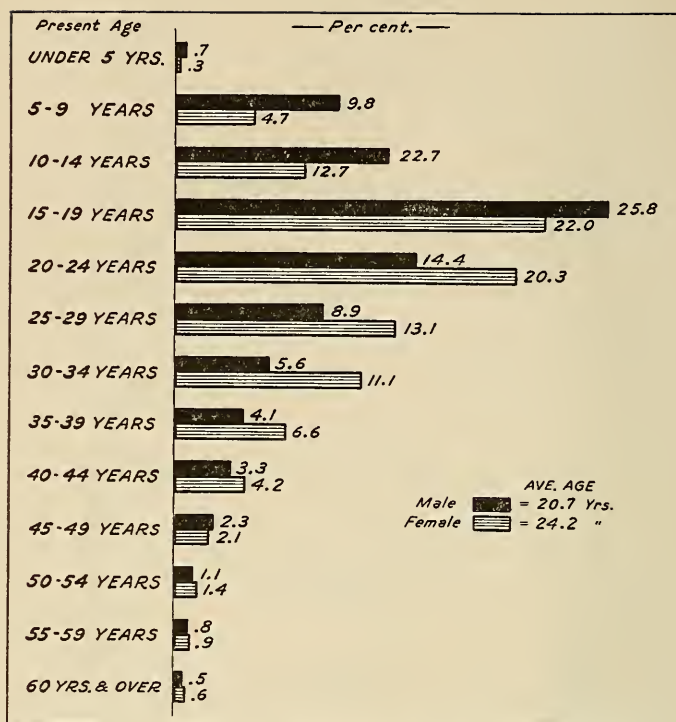
PRESENT AGE.	ALL SCHOOLS.						BELCHERTOWN.					
	NUMBER.			PER CENT.			NUMBER.			PER CENT.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	15	6	21	7	.3	.6	47	19	66	11.8	4.1	7.7
5-9 years	192	93	285	9.8	4.7	7.3	84	42	126	20.9	9.1	14.7
10-14 years	444	239	683	22.7	12.7	17.5	110	107	217	27.5	23.3	25.3
15-19 years	517	431	948	25.8	22.0	24.3	110	108	217	27.5	23.3	25.3
20-24 years	278	401	679	14.4	20.3	17.0	58	84	142	14.5	20.9	19.3
25-29 years	175	262	437	8.9	13.1	11.2	50	73	123	12.4	14.0	13.3
30-34 years	111	204	315	5.6	11.1	8.1	23	50	73	5.7	10.9	8.5
35-39 years	80	130	210	4.1	6.6	5.4	10	26	36	2.5	5.7	4.2
40-44 years	64	85	149	3.3	4.2	3.8	3	20	23	2.8	4.4	2.7
45-49 years	46	43	89	2.3	2.1	2.3	9	5	14	2.2	1.1	1.6
50-54 years	21	30	51	1.1	1.4	1.3	4	8	12	1.0	1.7	1.3
55-59 years	12	19	31	.8	.9	.8	2	6	8	.5	1.3	.9
60 years and over	1	13	14	.5	.6	.4	1	4	5	.2	.9	.5
Totals	1,956	1,956	3,912	100.0	100.0	100.0	401	459	860	100.0	100.0	100.0
Average Age	20.7	24.2	22.6	-	-	-	20.1	24.9	22.7	-	-	-

¹ Includes all patients in State Schools irrespective of I. Q.

TABLE 72. — *Number and Percentage Distribution of Present Age in Resident Population of State Schools on September 30, 1928, by Sex*¹
— Concluded.

PRESENT AGE.	WALTER E. FERNALD.				WRENTHAM.				
	NUMBER.			PER CENT.	NUMBER.			PER CENT.	
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	3	1	4	3	2	3	12	5	17
5-9 years	69	31	100	6.8	4.8	6.1	76	43	119
10-14 years	238	77	315	23.4	11.9	19.1	122	120	242
15-19 years	252	125	377	24.8	19.4	22.7	155	199	354
20-24 years	123	107	230	12.1	16.6	13.9	97	186	283
25-29 years	79	66	145	7.8	10.2	8.7	46	132	178
30-34 years	73	70	143	7.2	10.9	8.6	15	84	99
35-39 years	61	61	122	6.0	9.5	7.3	9	43	52
40-44 years	57	42	99	5.6	6.5	6.0	4	23	27
45-49 years	34	31	65	3.4	4.8	3.9	3	7	10
50-54 years	17	17	34	1.7	2.6	2.0	—	5	5
55-59 years	9	9	18	.9	1.4	1.1	1	4	5
60 years and over	—	8	8	—	1.2	.4	—	1	1
Totals	1,015	645	1,660	100.0	100.0	100.0	540	852	1,392
Average Age	22.6	26.9	24.3	—	—	—	17.6	22.7	20.7
							100.0	100.0	100.0
							—	—	—
							—	—	—

¹ Includes all patients in State Schools irrespective of I. Q.



GRAPH 13. — PERCENTAGE DISTRIBUTION OF PRESENT AGE IN RESIDENT POPULATION OF STATE SCHOOLS, SEPTEMBER 30, 1928, BY SEX.

It may be noted that the average age of patients in residence is decidedly higher than that given for admissions (Table 56). This is due to the fact that the average length of stay in institutions is fairly long, being 8.3 years, as is shown in the following table.

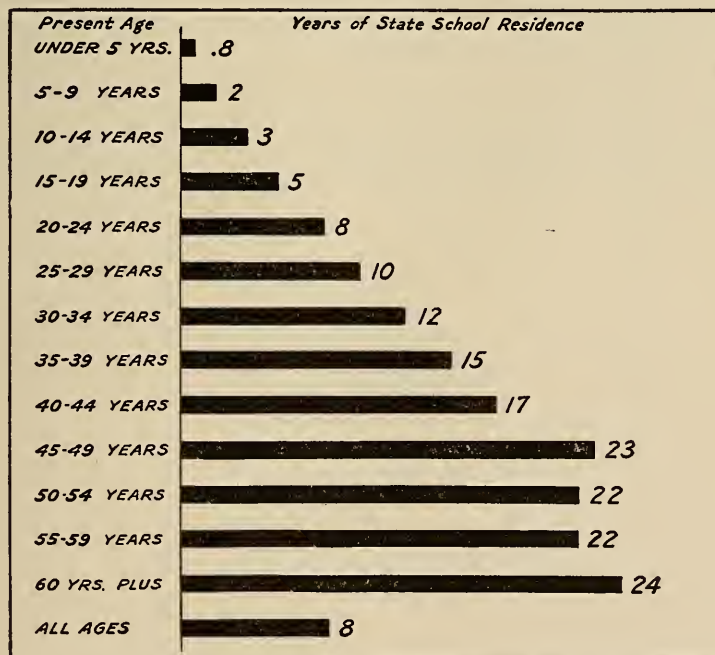
Attention should also be directed to the fact that the average age of resident patients is higher for females than for males for each school.

Present Age and Average Length of Stay during this Admission of Patients in Schools, 1928.

Table 73 and Graph 14 show that the average length of stay of patients under five years of age was .8 year. The average length of school residence gradually increases for the various age groups to a figure of 24.6 years for sixty years and over.

TABLE 73. — *Present Age and Average Length of Stay during this Admission of Patients Resident in All State Schools on September 30, 1928, by Sex.*¹

PRESENT AGE.	NUMBER IN RESIDENCE.			AVERAGE LENGTH OF STAY IN YEARS.		
	M.	F.	T.	M.	F.	T.
Under 5 years	15	6	21	.8	1.1	.8
5-9 years	192	93	285	1.9	2.2	2.0
10-14 years	444	239	683	3.6	4.0	3.8
15-19 years	517	431	948	5.7	5.3	5.5
20-24 years	278	401	679	9.3	7.4	8.1
25-29 years	175	262	437	12.0	8.9	10.1
30-34 years	111	204	315	15.3	11.1	12.6
35-39 years	80	130	210	18.4	13.2	15.2
40-44 years	64	85	149	22.3	14.3	17.7
45-49 years	46	43	89	24.8	21.6	23.2
50-54 years	21	30	51	26.1	19.4	22.2
55-59 years	12	19	31	28.7	18.2	22.2
60 years plus	1	13	14	7.5	25.9	24.6
All Ages	1,956	1,956	3,912	8.3	8.3	8.3

¹ Includes all patients in State Schools for the Mentally Defective.

GRAPH 14. — AVERAGE LENGTH OF STAY, IN YEARS, OF PATIENTS RESIDENT IN STATE SCHOOLS, 1928, BY AGE GROUPS.

We see that the largest number of patients in residence fall in the age group 15-19 years. The rapid increase in the length of stay for the age groups above 15-19 years is due to the fact that we are reviewing, to a large extent, the permanent residents of the institutions. The more promising cases are paroled or discharged, and others die. Insofar as there are very few admissions in the higher age groups, the only cases remaining are those so constituted mentally and physically that they will tend to become permanent residents.

The average length of stay for both sexes together is 8.3 years, and this is true for the individual sexes as well.

Age, Nativity and Parentage of Patients Resident in State Schools, 1928.

As we have already seen (Table 72), the average age of patients resident in State Schools, irrespective of nativity and parentage, is 22.6 years for both sexes; 20.7 years for males, and 24.2 years for females.

As in the case of first admissions, the foreign born present a higher average age than is noted for the native-born, 29.1 years for both sexes; 25.2 years for males, and 32.1 years for females (Table 74).

When the parentage of the native-born is considered, patients with unknown parentage show the highest average age, 27.7 years for both sexes; 25.9 years for males, and 29.0 for females. Native-born patients of mixed parentage and of native parentage show the next highest average ages. In the case of mixed parentage the average age for both sexes was 22.5 years; 21.8 years for males, and 24.1 years for females. In the case of patients of native parentage, the average age was 22.2 years for both sexes; 20.2 years for males, and 24.5 years for females. Native-born patients of foreign parentage have the lowest average age, 20.6 years for both sexes; 19.4 years for males, and 21.8 years for females.

Figures on patients in residence whose nativity is unknown are included because of the large number falling in this particular group. The average age for both sexes is 29.1 years; for males, 29.0 years, and for females, 29.2 years.

TABLE 74. — *Percentage Distribution of Ages; Patients Resident in State Schools on September 30, 1928, by Nativity, Percentage and Sex.*¹

PRESENT AGE.	AGGREGATE.			NATIVE.					
	M.	F.	T.	TOTAL.			PARENTAGE.		
				M.	F.	T.	M.	F.	T.
Under 5 years	7	3	6	10.3	5.0	7.6	8	3	5
5-9 years	9.8	4.7	7.3	22.8	12.6	18.4	12.2	5.6	9.1
10-14 years	22.7	12.7	17.5	27.0	23.0	24.8	23.1	12.6	17.9
15-19 years	25.3	22.0	24.3	14.2	20.7	17.4	26.2	23.0	24.7
20-24 years	14.4	20.3	17.0	14.1	14.1	13.9	12.8	22.1	18.0
25-29 years	8.9	13.1	11.2	5.4	10.3	7.9	8.9	9.5	9.2
30-34 years	5.6	11.1	8.1	3.7	5.8	4.8	3.5	5.3	7.1
35-39 years	4.1	6.6	5.4	3.1	4.0	3.5	3.4	5.3	4.3
40-44 years	3.3	4.2	3.8	2.3	1.8	2.0	3.2	5.7	4.3
45-49 years	2.3	2.1	2.3	1.0	1.1	.9	2.1	2.2	2.1
50-54 years	1.1	1.4	1.3	.8	.5	.7	1.1	2.2	1.5
55-59 years	.8	.9	.8	.5	.5	.3	.7	.9	.8
60 years plus	.5	.6	.5	.1	.1	.1	—	.2	.3
Totals	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Age	20.7	24.2	22.6	20.4	24.1	22.2	20.2	24.5	22.2
							19.4	21.8	20.6

¹ Includes all patients in State Schools irrespective of I. Q.

TABLE 74. — *Percentage Distribution of Ages; Patients Resident in State Schools on September 30, 1928, by Nativity, Parentage and Sex*¹
— Concluded.

PRESENT AGE.	NATIVE — <i>Con.</i>						FOREIGN BORN.			NATIVITY UNKNOWN.		
	PARENTAGE — <i>Con.</i>											
	MIXED.			UNKNOWN.								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	1.0	.5	.7	.9	—	.4	1.2	—	.5	—	—	—
5-9 years	9.4	5.3	7.3	4.5	.8	2.3	4.7	1.7	3.2	—	6.7	2.7
10-14 years	21.1	10.1	15.6	5.4	3.3	4.2	9.5	4.5	7.1	13.7	6.7	10.8
15-19 years	29.8	20.2	25.0	18.9	13.3	15.7	28.1	8.0	15.5	13.7	6.7	10.8
20-24 years	15.7	22.2	18.6	21.6	18.7	19.9	16.4	15.9	15.1	4.7	26.3	13.5
25-29 years	6.3	16.2	11.9	18.9	21.3	20.3	9.5	18.6	14.6	18.1	13.4	16.2
30-34 years	5.0	11.7	8.5	13.5	16.7	15.2	8.2	11.5	11.1	13.7	6.7	10.8
35-39 years	3.8	5.3	4.5	5.4	14.0	10.2	8.2	17.6	13.6	22.4	13.4	10.8
40-44 years	4.2	3.7	3.9	4.5	7.3	6.3	5.9	8.0	7.1	9.1	13.4	10.8
45-49 years	2.3	1.5	1.7	3.7	3.3	3.6	4.7	7.1	6.0	4.6	6.7	5.5
50-54 years	.8	1.6	1.2	.9	—	.4	2.4	2.7	2.5	—	6.7	2.7
55-59 years	.4	1.2	.8	1.8	1.3	1.5	1.2	2.7	2.5	—	—	—
60 years plus	.2	.5	.3	—	—	—	—	2.7	1.7	—	—	—
Totals	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Age	21.8	24.1	22.5	25.9	29.0	27.7	25.2	32.1	29.1	29.0	29.2	29.1

¹ Includes all patients in State Schools irrespective of I. Q.

APPENDIX

Detailed Tables

- A. Mental Diseases and Epilepsy (Tables 75-120)
- B. Mental Deficiency (Tables 121-137)

MENTAL DISEASES AND EPILEPSY (TABLES 75-120.)

TABLE 75. — *General Statistics of Hospitals for Mental Diseases, State of Massachusetts, for Year ended September 30, 1928.*

	ALL HOSPITALS.			BOSTON STATE.			BOSTON PSYCHOPATHIC.			DANVERS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
ADMISSIONS AND ON BOOKS.												
Patients on Books, Oct. 1, 1927	10,078	10,738	20,816	1,020	1,371	2,391	82	54	136	908	1,156	2,064
Cases Admitted during Year.												
Regular commitment cases: ¹												
First admissions	1,658	1,481	3,139	190	221	411	91	77	168	241	229	470
Readmissions	330	372	702	38	43	81	6	13	19	67	49	116
Total Admissions ²	1,988	1,853	3,841	228	264	492	97	90	187	308	278	586
Temporary care cases: ³												
First admissions	793	630	1,423	30	32	62	682	564	1,246	29	11	40
Readmissions	159	156	315	2	12	14	146	135	281	5	1	6
Total Admissions	952	786	1,738	32	44	76	828	699	1,527	34	12	46
Observation cases: ⁴												
First admissions	231	111	342	10	6	16	67	33	100	23	12	35
Readmissions	77	41	118	19	20	39	24	9	33	11	2	13
Total Admissions	308	152	460	29	26	55	91	42	133	34	14	48
Voluntary cases: ⁵												
First admissions	115	70	185	—	—	—	40	11	51	3	1	4
Readmissions	26	27	53	—	—	—	1	6	7	1	—	1
Total Admissions	141	97	238	—	—	—	41	17	58	4	1	5
Total cases admitted by transfer during year ⁶	167	195	362	26	17	43	1	—	1	14	15	29
Total cases admitted during year	3,556	3,083	6,639	315	351	666	1,058	848	1,906	394	320	714
Total cases under treatment during year	13,634	13,821	27,455	1,335	1,722	3,057	1,440	902	2,042	1,302	1,476	2,778
Cases Discharged during Year.												
Regular commitment cases: ¹												
As recovered	185	161	346	35	27	62	—	2	2	5	1	6
As improved	494	541	1,035	40	61	101	34	19	53	100	99	199

As unimproved	143	126	269	6	20	26	4	1	5	11	4	15
As not insane	37	18	55	4	2	6	—	—	—	6	1	7
Died	831	809	1,640	106	139	245	12	21	33	93	114	207
Total Discharges ⁷	1,690	1,655	3,345	191	249	440	50	43	93	215	219	434
Temporary care cases: ³												
As recovered	37	6	43	3	—	3	21	1	22	6	2	8
As improved	469	157	626	5	3	8	453	150	603	5	1	6
As unimproved	272	465	737	26	24	50	228	423	651	3	5	8
As not insane	143	145	288	5	10	15	111	125	236	15	2	17
Died	39	17	56	3	6	9	15	6	21	4	2	6
Total Discharges	960	790	1,750	42	43	85	828	705	1,533	33	12	45
Observation cases: ⁴												
As recovered	64	27	91	11	4	15	2	2	4	8	5	13
As improved	45	20	67	3	2	4	26	9	35	1	—	1
As unimproved	34	20	54	3	1	4	17	17	34	2	—	2
As not insane	116	64	180	12	17	29	41	14	55	14	7	21
Died	29	6	35	2	—	2	—	—	—	3	2	7
Total Discharges	288	139	427	30	24	54	86	42	128	30	14	44
Voluntary care cases: ⁵												
As recovered	8	6	14	—	—	—	2	2	4	2	—	2
As improved	61	20	81	—	—	—	16	4	20	2	—	2
As unimproved	42	54	96	—	—	—	8	5	13	—	—	—
As not insane	24	13	37	—	—	—	16	7	23	2	1	3
Died	35	20	55	—	—	—	2	—	2	—	—	—
Total Discharges	170	113	283	—	—	—	44	18	62	6	1	7
Total cases discharged by transfer during year	245	206	451	14	3	17	58	33	91	37	41	78
Total cases discharged during year	3,353	2,903	6,256	277	319	596	1,066	841	1,907	321	287	608
Patients on Books Sept. 30, 1928	10,281	10,918	21,199	1,058	1,403	2,461	74	61	135	981	1,189	2,170
Total number of patients actually in hospitals, Sept. 30, 1928	9,269	9,947	19,216	975	1,291	2,266	48	38	86	854	1,071	1,925

¹ Under Regular commitment cases are included commitments under Sections 51, Regular commitment from Observation 77; 101 (as amended by Section 3, Chapter 407 Acts of 1925), 103, 104 and 69, Chapter 123, G. L., Section 62 (as amended by Section 41, Chapter 535, Acts of 1922).

² Regularly committed cases at Monson include thirty-eight patients committed on R. C. 69 Sane and Dangerous.

³ Under temporary care commitments are included Sections 55, 78, 79, 80 and 84, Chapter 123, G. L., Chapter 307, Acts of 1910.

⁴ Observation temporary care commitments are included Sections 55, 78, 79, 80 and 84, Chapter 123, G. L., as amended by Chapter 19, Acts of 1924.

⁵ Voluntary cases are patients admitted under authority of Section 100, Chapter 123, G. L., and Section 77, Chapter 123, G. L., as amended by Chapter 87, Chapter 123, G. L.

⁶ Includes 2 transfers on Section 100 papers.

⁷ Total discharges from Regular commitment include 26 patients held on R. C. 69 Sane Dangerous.

TABLE 75. — *General Statistics of Hospitals for Mental Diseases, State of Massachusetts, for Year ended September 30, 1928* — Continued.

	ALL HOSPITALS.			BOSTON STATE.			BOSTON PSYCHOPATHIC.			DANVERS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
AVERAGES.												
Daily average population (<i>including</i> patients on escape and on visit and in family care)	10,225.39	10,840.77	21,066.16	1,048.22	1,381.54	2,429.76	76.47	61.58	138.05	941.3	1,189.1	2,130.4
Daily average population (<i>excluding</i> patients on escape and on visit and in family care)	9,214.71	9,812.93	19,027.65	963.76	1,259.21	2,222.97	49.90	38.61	88.51	821.5	1,053.4	1,874.9
Rated capacity of the hospitals	8,595	8,667	17,262	801	1,096	1,897	67	59	126	749	935	1,684
Number of patients on visit Oct. 1, 1927	759	872	1,631	80	114	194	39	18	57	106	121	227
Number of patients on visit Sept. 30, 1928	777	818	1,595	79	105	184	26	23	49	115	100	215
Daily average number of patients on visit during year	742.21	831.02	1,573.24	81.18	112.69	193.87	26.57	22.97	49.54	113.2	112.1	225.3
Number of patients on escape Oct. 1, 1927	222	39	261	5	—	5	—	—	—	11	1	12
Number of patients on escape Sept. 30, 1928	207	43	250	4	—	4	—	—	—	11	1	12
Daily average number of patients on escape during year	204.7	39.65	244.26	3.28	—	3.28	—	—	—	6.2	1.0	7.2
Number of patients boarded out Oct. 1, 1927	14	135	149	—	10	10	—	—	—	1	21	22
Number of patients boarded out Sept. 30, 1928	28	109	137	—	7	7	—	—	—	1	17	18
Daily average number of patients boarded out during year	22.58	130.4	152.99	—	9.64	9.64	—	—	—	1	18.73	19.73
Number of ex-service men on books Oct. 1, 1927	389	1	390	47	1	48	7	—	7	55	—	55
Number of ex-service men on books Sept. 30, 1928	391	—	391	53	—	53	17	—	17	71	—	71
Daily average number on books during year	413.01	1	414.01	57.50	1	58.50	10.16	—	10.16	65.5	—	65.5
Daily average number actually in hospitals during year	397.78	1	398.78	55.83	1	56.83	9.66	—	9.66	70	—	70
Support of patient population (exclusive of patients on escape and on visit):												
Supported by the State	8,058	8,155	16,213	883	1,080	1,963	48	38	86	713	786	1,499
Reimbursing and Private	763	1,792	2,555	80	211	291	—	—	—	128	285	413
Ex-service patients for whom pay is received from the Federal Government	48	—	48	12	—	12	—	—	—	13	—	13

Number of non-insane patients actually in hospitals on Oct. 1, 1927:									
Feeble-minded	59	45	104	-	-	-	-	-	-
Epileptic	421	460	881	-	-	-	-	-	-
Others	36	6	42	-	-	-	-	-	-
Total	516	511	1,027	-	-	-	-	-	-
Number of non-insane patients actually in hospitals Sept. 30, 1928:									
Feeble-minded	216	164	380	3	13	16	3	1	4
Epileptic	267	231	498	3	2	5	1	1	1
Others	47	29	76	3	2	5	3	3	6
Total	530	424	954	6	15	21	7	4	11

TABLE 75. — General Statistics of Hospitals for Mental Diseases, State of Massachusetts, for Year ended September 30, 1928 — Continued.

	FOXBOROUGH.			GARDNER.			GRAFTON.			MEDFIELD.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
ADMISSIONS AND ON BOOKS.												
Patients on Books, Oct. 1, 1927	472	499	971	638	496	1,134	718	856	1,574	770	1,072	1,842
Cases Admitted during Year.												
Regular commitment cases: ¹												
First admissions	114	79	193	38	40	78	16	8	24	53	44	97
Readmissions	19	36	55	7	9	16	5	2	7	18	25	43
Total Admissions ²	133	115	248	45	49	94	21	10	31	71	69	140
Temporary care cases: ³												
First admissions	1	1	2	5	5	10	—	—	—	1	2	3
Readmissions	—	1	1	1	—	1	—	—	—	1	—	1
Total Admissions	1	2	3	6	5	11	—	—	—	2	2	4
Observation cases: ⁴												
First admissions	4	3	7	2	—	2	—	—	—	2	4	6
Readmissions	5	1	6	—	—	—	—	—	—	1	—	1
Total Admissions	9	4	13	2	—	2	—	—	—	3	4	7
Voluntary cases: ⁵												
First admissions	3	2	5	4	—	4	—	—	—	—	—	—
Readmissions	1	1	2	1	—	1	—	—	—	—	—	—
Total Admissions	4	3	7	5	—	5	—	—	—	—	—	—
Total cases admitted by transfer during year ⁶	16	7	23	37	1	38	25	60	85	15	32	48
Total cases <i>admitted</i> during year . . .	163	131	294	95	55	150	46	70	116	91	108	199
Total cases <i>under treatment</i> during year . .	635	630	1,265	763	551	1,314	764	926	1,690	861	1,180	2,041
Cases Discharged during Year.												
Regular commitment cases: ¹												
As recovered	1	3	4	4	1	5	2	—	2	2	7	9
As improved	39	37	76	3	13	16	9	14	23	20	22	42
As unimproved	15	9	24	3	10	13	4	3	7	5	6	11

Number of non-insane patients actually in hospitals on Oct. 1, 1927:									
Feeble-minded	.	.	.	.	.	.	.	.	.
Epileptic	.	.	.	.	.	.	.	.	.
Others	.	.	.	.	.	.	.	.	.
Total	.	.	.	.	.	.	.	.	.
Number of non-insane patients actually in hospitals Sept. 30, 1928:									
Feeble-minded	.	.	.	.	.	.	.	.	.
Epileptic	.	.	.	.	.	.	.	.	.
Others	.	.	.	.	.	.	.	.	.
Total	.	.	.	.	.	.	.	.	.

11	22	33	45	27	72	66	21	87	7	8	15
1	—	1	—	—	—	2	1	3	2	—	2
4	3	7	5	—	5	—	1	1	—	—	—
16	25	41	50	27	77	68	23	91	9	8	17

TABLE 75. — General Statistics of Hospitals for Mental Diseases, State of Massachusetts, for Year ended September 30, 1928 — Continued.

	NORTHAMPTON.			TAUNTON.			WESTBOROUGH.			WORCESTER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
ADMISSIONS AND ON BOOKS.												
Patients on Books, Oct. 1, 1927	711	788	1,499	761	876	1,637	705	912	1,617	1,323	1,307	2,630
Cases Admitted during Year.												
Regular commitment cases: ¹												
First admissions	196	195	391	218	149	367	169	150	319	214	188	402
Readmissions	36	44	80	31	38	69	31	56	87	36	37	73
Total Admissions ²	232	239	471	249	187	436	200	206	406	250	225	475
Temporary care cases: ³												
First admissions	7	2	9	12	4	16	3	1	4	23	6	29
Readmissions	—	2	2	2	1	3	—	2	2	1	1	2
Total Admissions	7	4	11	14	5	19	3	3	6	24	7	31
Observation cases: ⁴												
First admissions	16	6	22	20	16	36	26	16	42	53	15	68
Readmissions	1	1	2	2	—	2	2	2	4	5	5	10
Total Admissions	17	7	24	22	16	38	28	18	46	58	20	78
Voluntary cases: ⁵												
First admissions	1	1	2	1	1	2	3	1	4	4	7	11
Readmissions	5	—	5	1	—	1	2	1	3	—	1	1
Total Admissions	6	1	7	2	1	3	5	2	7	4	8	12
Total cases admitted by transfer during year ⁶	2	4	6	4	2	6	7	11	18	7	17	24
Total cases admitted during year	264	255	519	291	211	502	243	240	483	343	277	620
Total cases under treatment during year	975	1,043	2,018	1,052	1,087	2,139	948	1,152	2,100	1,666	1,584	3,250
Cases Discharged during Year.												
Regular commitment cases: ¹												
As recovered	40	32	72	33	17	50	36	54	90	3	2	5
As improved	54	66	120	44	64	108	46	47	93	80	78	158
As unimproved	16	6	22	15	10	25	10	17	27	39	30	69

TABLE 75. — General Statistics of Hospitals for Mental Diseases, State of Massachusetts, for Year ended September 30, 1928 — Continued.

	MONSON.			MCLEAN.			BRIDGEWATER.			TEWKSBURY.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
ADMISSIONS AND ON BOOKS.												
Patients on books, Oct. 1, 1927	659	666	1,325	89	139	228	960	-	960	232	546	778
Cases Admitted during Year.												
Regular commitment cases: ¹												
First admissions	30	48	78	30	34	64	30	-	30	28	19	47
Readmissions	9	7	16	10	10	20	16	-	16	1	3	4
Total Admissions ²	39	55	94	40	44	84	46	-	46	29	22	51
Temporary care cases: ³												
First admissions	-	1	1	-	1	1	-	-	-	-	-	-
Readmissions	-	-	-	1	1	2	-	-	-	-	-	-
Total Admissions	-	1	1	1	2	3	-	-	-	-	-	-
Observation cases: ⁴												
First admissions	-	-	-	1	-	1	7	-	7	-	-	-
Readmissions	-	-	-	-	1	1	7	-	7	-	-	-
Total Admissions	-	-	-	1	1	2	14	-	14	-	-	-
Voluntary cases: ⁵												
First admissions	47	40	87	9	6	15	-	-	-	-	-	-
Readmissions	11	14	25	3	4	7	-	-	-	-	-	-
Total Admissions	58	54	112	12	10	22	-	-	-	-	-	-
Total cases admitted by transfer during year ⁶												
Total cases admitted during year	3	-	3	4	4	8	4	-	4	2	24	26
Total cases under treatment during year	100	110	210	58	61	119	64	-	64	31	46	77
Total cases discharged during year	759	776	1,535	147	200	347	1,024	-	1,024	263	592	855
Cases Discharged during Year.												
Regular commitment cases: ¹												
As recovered	-	-	-	14	15	29	10	-	10	-	-	-
As improved	2	-	2	22	20	42	-	-	-	1	1	2

[illegible]

¹ Under Regular commitment cases are included commitments under Sections 51, Regular commitment from Observation 77; 101 (as amended by Section 3, Chapter 467, Acts of 1923); 103, 104 and 69, Chapter 123, G. L., Section 62 (as amended by Section 4, Chapter 535, Acts of 1922).

2 Regularly committed cases at Monson include thirty-eight patients committed on R. C. 69 Sane Dangerous.

³ Under Temporary care commitments are included Sections 55, 78, 79, 80 and 84, Chapter 123, G. L., Chapter 307, Acts of 1910.

⁴ Observation cases are patients admitted under authority of Section 100, Chapter 123, G. L., as amended by Chapter 77, Chapter 123, G. L., and Section 77, Chapter 123, G. L., as amended by Chapter 19, Acts of 1924.

⁵ Voluntary cases are patients admitted under authority of Section 86, Chapter 123, G. L., as amended by Chapter 132 of the Acts of 1926 and Section 87, Chapter 123, G. L.

⁶ Voluntary cases are patients admitted under authority of Section 86, Chapter 123, G. L., as amended by Chapter 132 of the Acts of 1926 and Section 87, Chapter 123, G. L.

° Includes 2 transfers on Section 100 papers.

7 Total discharges from Regular commitment include 26 patients held on R. C. 69 Sane Dangerous.

TABLE 76. — *Deportation of the Insane, Mentally Defective and Epileptic from Public Institutions*¹ for the Year ended November 30, 1928.

	DEPARTMENT.			U. S. COMMISSIONER OF IMMIGRATION.			TOTALS.			TOTALS.	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	1927. 1928.	
Cases pending Nov. 30, 1927	98	23	121	30	22	52	128	45	173	279	173
Since reported	73	63	136	32	28	60	105	91	196	228	196
Total cases under consideration	171	86	257	62	50	112	233	136	369	507	369
Deported	63	56	119	19	16	35	82	72	154	174	154
Other states	53	50	103	—	—	—	53	50	103	96	103
Other countries	10	6	16	16	14	30	26	20	46	71	46
Special cases not landed under immigration laws and deported	—	—	—	3	2	5	3	2	5	7	5
Discharged	6	2	8	3	2	5	9	4	13	44	13
Care of friends	1	1	2	2	2	4	3	3	6	17	6
Escaped	5	1	6	1	—	1	6	1	7	27	7
Returned to penal institutions	—	—	—	—	—	—	—	—	—	—	—
Died	4	1	5	5	—	5	9	1	10	15	10
Dropped from further consideration	33	18	51	1	8	9	34	26	60	101	60
Made reimbursing	—	—	—	—	1	1	—	1	1	—	1
Rejected by Commissioner of Immigration	—	—	—	1	7	8	1	7	8	49	8
Rejected by the Department	33	18	51	—	—	—	33	18	51	52	51
Total cases closed	106	77	183	28	26	54	134	103	237	334	237
Cases pending Nov. 30, 1928	65	9	74	34	24	58	99	33	132	173	132
Not in condition to deport	—	1	1	—	1	1	—	2	2	9	2
Awaiting action	60	7	67	31	19	50	91	26	117	148	117
Under sentence	—	—	—	—	—	—	—	—	—	1	—
On visit	—	—	—	2	4	6	2	4	6	5	6
On escape	5	1	6	1	—	1	6	1	7	10	7

¹ Includes Mental Wards, Tewksbury, and Bridgewater State Hospital; does not include U. S. Veterans' Hospital.

NOTE. — Tables 77 to 115, inclusive, are computed for the statistical year ended September 30, 1928.

TABLE 77. — *Number under Care in Private Hospitals¹ and Schools.*

PRIVATE HOSPITALS AND SCHOOLS.	TOTALS.			INSANE.			SANE VOLUNTARY.			INEBRIATE.			FEEBLE-MINDED.			TEMPORARY CARE.			NON-MENTAL.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Bournewood, George H. Torney, M.D.	4	11	15	4	10	14	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Channing Sanitarium, Donald Gregg, M.D.	9	28	37	2	17	19	6	8	14	—	—	—	—	—	—	—	—	—	—	—	—
Herbert Hall Hospital, Walter C. Haviland, M.D.	5	10	15	4	10	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Wiswall Sanatorium, Harry O. Spalding, M.D.	6	21	27	5	20	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dr. Reeves' Nervine, Fred B. Jewett, M.D.	1	9	10	1	7	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ring Sanatorium and Hospital, Inc., Arthur H. Ring, M.D.	9	37	46	6	30	36	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dr. Mellus' Private Hospital, Edward Mellus, M.D.	1	10	11	1	8	9	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Glenside, Mabel D. Ordway, M.D.	4	28	32	1	14	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Knollwood, Earle E. Bessey, M.D.	1	3	4	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Private Hospital, Frederick L. Taylor, M.D.	10	—	9	—	—	—	—	—	—	9	—	9	—	—	—	—	—	—	—	—	—
Washingtonian Home, Hugh Barr Gray, M.D.	9	—	9	—	—	—	—	—	—	—	9	—	9	—	—	—	—	—	—	—	—
Elm Hill Private School and Home for the Feeble-Minded, George A. Brown, M.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Standish Manor, Miss Alice M. Myers	22	9	31	—	—	—	—	—	—	—	—	22	9	31	—	—	—	—	—	—	—
Perkins School of Adjustment, Franklin H. Perkins, M.D.	18	17	35	—	—	—	—	—	—	—	—	—	10	10	—	—	—	—	—	—	—
Woodlawn Sanitarium, Evan A. Robertson, M.D.	2	8	10	—	—	—	—	—	—	—	—	—	18	17	35	—	—	—	—	—	—
The Freer School, Miss Cora E. Morse	2	2	4	—	—	—	—	1	3	4	—	—	—	—	—	—	—	—	—	—	—
Westwood Lodge, William J. Hammond, M.D.	5	10	15	1	6	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Clarke School, Miss Edith G. Clarke	8	2	10	—	—	—	—	2	1	3	—	—	—	—	—	—	—	—	—	—	—
Glenn School, Mrs. Bernice G. McPhee	—	—	—	—	—	—	—	—	—	—	—	—	8	2	10	—	—	—	—	—	—
Totals	114	215	329	25	123	148	11	15	26	18	—	18	48	42	90	1	2	3	11	33	44

¹ Not including McLean Hospital. Information for McLean may be found in Table I.

TABLE 78. — *Legal Status*¹ of All First Admissions to Hospitals for Mental Diseases² — *By Hospital and Sex.*

LEGAL STATUS.	ALL HOSPITALS.			BOSTON STATE.			BOSTON PSYCHOPATHIC.			DANVERS.		
	M.		T.	M.		T.	M.		T.	M.		T.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Court	908	863	1,771	129	141	270	—	—	—	85	126	211
Temporary Care	746	601	1,347	29	32	61	639	534	1,173	29	11	40
Observation	180	67	247	9	2	11	55	17	72	20	6	26
Voluntary	80	54	134	—	—	—	14	2	16	—	—	—
Temporary Care and Court	477	405	882	47	64	111	67	59	126	111	78	189
Temporary Care, Observation and Court	80	48	98	3	4	7	11	9	20	5	2	7
Observation and Court	207	155	362	9	12	21	—	—	—	40	23	63
Others and Court	16	10	26	2	—	2	13	9	22	—	—	—
Other Combinations	133	89	222	2	4	6	81	55	136	6	7	13
Total	2,797	2,292	5,089	230	259	489	880	685	1,565	296	253	549

LEGAL STATUS.	FOXBOROUGH.			GARDNER.			GRAFTON.			MEDFIELD.		
	M.		T.	M.		T.	M.		T.	M.		T.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Court	79	50	129	18	26	44	15	7	22	34	24	58
Temporary Care	1	2	3	3	5	8	—	—	—	1	2	3
Observation	3	2	5	4	—	4	—	—	—	2	3	5
Voluntary	13	11	24	18	13	31	—	—	—	11	11	22
Temporary Care and Court	—	—	—	1	—	1	—	—	—	2	1	3
Temporary Care, Observation and Court	22	18	40	1	—	1	1	1	2	6	8	14
Observation and Court	—	—	—	—	1	1	—	—	—	—	—	—
Others and Court	—	—	—	4	—	4	—	—	—	—	1	1
Other Combinations	—	—	—	—	—	—	—	—	—	—	—	—
Total	122	85	207	49	45	94	16	8	24	56	50	106

¹ For forms of admission included under court, temporary care, observation and voluntary admissions see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 78. — *Legal Status*¹ of All First Admissions to Hospitals for Mental Diseases² — By Hospital and Sex — Concluded.

LEGAL STATUS.	NORTHAMPTON.			TAUNTON.			WESTBOROUGH.			WORCESTER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Court.	116	101	217	104	85	189	127	124	251	107	101	208
Temporary Care	7	2	9	11	4	15	3	1	4	23	6	29
Observation	11	3	14	17	12	29	25	15	40	30	7	37
Voluntary	1	1	2	1	1	2	1	1	2	1	3	4
Temporary Care and Court	65	69	134	64	32	96	5	9	14	52	37	89
Temporary Care, Observation and Court	2	11	13	7	5	12	2	1	3	17	15	32
Observation and Court	13	14	27	42	27	69	35	16	51	38	35	73
Others and Court	—	—	—	1	—	1	—	—	—	—	—	—
Other Combinations	5	3	8	4	4	8	3	1	4	26	12	38
Total	220	204	424	251	170	421	201	168	369	294	216	510

LEGAL STATUS.	MONSON.			MCLEAN.			BRIDGEWATER.			TEWESBURY.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Court.	29	48	77	7	11	18	30	—	30	28	19	47
Temporary Care	—	1	1	—	1	1	—	—	—	—	—	—
Observation	—	—	—	—	—	—	7	—	7	—	—	—
Voluntary	47	40	87	8	4	12	—	—	—	—	—	—
Temporary Care and Court	1	—	1	23	22	45	—	—	—	—	—	—
Temporary Care, Observation and Court	—	—	—	—	—	—	—	—	—	—	—	—
Observation and Court	—	—	—	—	1	1	—	—	—	—	—	—
Others and Court	—	—	—	—	—	—	—	—	—	—	—	—
Other Combinations	—	—	—	2	2	4	—	—	—	—	—	—
Total	77	89	166	40	41	81	37	—	37	28	19	47

¹ For forms of admission included under court, temporary care, observation and voluntary admissions see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 79. — *Legal Status*¹ of All Readmissions to Hospitals for Mental Diseases² — By Hospital and Sex.

LEGAL STATUS.	ALL HOSPITALS.			BOSTON STATE.			BOSTON PSYCHOPATHIC.			DANVERS.		
	M.		T.	M.		F.	M.		F.	M.		F.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Court	184	218	402	14	26	40	146	129	275	34	23	57
Temporary Care	161	149	310	3	11	14	18	5	23	5	1	6
Observation	62	29	91	17	17	34	—	3	3	9	1	10
Voluntary	21	22	43	—	—	—	—	—	—	—	—	—
Temporary Care and Court	108	124	232	17	14	31	3	12	15	27	25	52
Temporary Care, Observation, Court	13	5	18	4	1	5	1	—	1	2	—	2
Observation and Court	23	19	42	3	1	3	1	—	1	4	1	5
Others and Court	2	6	8	—	2	2	1	1	2	—	—	—
Other Combinations	18	24	42	1	4	5	7	13	20	3	1	4
Total	592	596	1,188	59	75	134	177	163	340	84	52	136

LEGAL STATUS.	FOXBOROUGH.			GARDNER.			GRAFTON.			MEDFIELD.		
	M.		T.	M.		F.	M.		F.	M.		F.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Court	14	21	35	3	5	8	5	2	7	7	16	23
Temporary Care	—	1	1	1	—	1	—	—	—	1	—	1
Observation	5	1	6	—	—	—	—	—	—	1	—	1
Voluntary	1	1	2	1	—	1	—	—	—	—	—	—
Temporary Care and Court	2	9	11	4	4	8	—	—	—	9	8	17
Temporary Care, Observation, Court	—	—	—	—	—	—	—	—	—	—	—	—
Observation and Court	3	6	9	—	—	—	—	—	—	2	1	3
Others and Court	—	—	—	—	—	—	—	—	—	—	—	—
Other Combinations	—	—	—	—	—	—	—	—	—	—	—	—
Total	25	39	64	9	9	18	5	2	7	20	25	45

¹ For forms of admission included under court, temporary care, observation and voluntary admissions see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 79. — *Legal Status¹ of All Readmissions to Hospitals for Mental Diseases² — By Hospital and Sex — Concluded.*

LEGAL STATUS.	NORTHAMPTON.			TAUNTON.			WESTBOROUGH.			WORCESTER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Court	20	26	46	18	20	38	23	44	67	17	21	38
Temporary Care	1	2	3	2	1	3	—	2	2	1	3	2
Observation	—	1	1	1	—	1	1	2	3	—	1	4
Voluntary	5	—	5	—	—	—	1	1	1	—	1	1
Temporary Care and Court	15	15	30	9	15	24	3	6	9	13	10	23
Temporary Care, Observation, Court	—	1	1	1	1	2	4	—	4	1	2	3
Observation and Court	1	2	3	3	2	5	1	5	6	5	7	7
Others and Court	—	—	—	—	—	—	—	1	1	2	2	2
Other Combinations	—	—	—	2	—	2	2	—	1	2	4	6
Total	42	47	89	36	39	75	35	61	96	42	44	86

LEGAL STATUS.	MONSON.			McLEAN.			BRIDGEWATER.			TEWKSBURY.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Court	9	7	16	3	4	7	16	—	16	1	3	4
Temporary Care	—	—	—	1	1	2	—	—	—	—	—	—
Observation	—	—	—	—	1	1	7	—	7	—	—	—
Voluntary	11	14	25	2	2	4	—	—	—	—	—	—
Temporary Care and Court	—	—	—	6	6	12	—	—	—	—	—	—
Temporary Care, Observation, Court	—	—	—	—	—	—	—	—	—	—	—	—
Observation and Court	—	—	—	—	—	—	—	—	—	—	—	—
Others and Court	—	—	—	—	—	—	—	—	—	—	—	—
Other Combinations	—	—	—	1	2	3	—	—	—	—	—	—
Total	20	21	41	14	16	30	23	—	23	1	3	4

¹ For forms of admission included under court, temporary care, observation and voluntary admissions see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 80. — Age, Nativity, Parentage and Length of Residence in the United States of the Foreign Born, of First Admissions by Regular Commitment¹ to Hospitals for Mental Diseases² — By Sex.

AGE GROUPS.	AGGREGATE.			NATIVE BORN.													
				TOTAL.			PARENTAGE.										
							NATIVE.			FOREIGN.			MIXED.				
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	UNKNOWN.	
Under 15 years	13	17	30	13	15	28	3	6	9	5	4	9	—	—	—	—	—
15-19 years	75	64	139	69	57	126	36	20	56	20	23	43	13	5	5	10	2
20-24 years	127	108	235	101	79	180	34	32	66	38	32	70	29	13	12	25	2
25-29 years	136	118	254	91	81	172	37	33	70	32	35	67	18	13	31	42	2
30-34 years	158	125	283	98	78	176	39	33	72	40	32	72	18	13	31	44	4
35-39 years	133	159	292	77	88	165	26	37	63	22	27	49	24	23	47	6	4
40-44 years	158	130	288	79	67	146	45	27	72	18	18	36	14	20	34	2	2
45-49 years	147	121	268	68	64	132	32	31	63	24	19	43	9	13	22	4	1
50-54 years	131	116	247	73	68	141	31	38	69	27	22	49	15	7	22	1	1
55-59 years	105	85	190	57	42	99	26	24	50	20	13	33	8	3	11	1	4
60-64 years	109	109	218	59	55	114	31	26	57	18	16	34	7	8	15	5	8
65-69 years	102	80	182	58	37	95	25	15	40	16	16	32	11	5	16	6	1
70 years and over	249	240	489	151	133	284	89	85	174	27	20	47	20	17	37	15	26
Unknown	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	1,643	1,472	3,115	994	864	1,858	454	407	861	307	277	584	191	151	342	42	29
																	71

¹ For forms included under regular court commitment see page 97 of text.

² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 80.—Age, Nativity, Parentage and Length of Residence in the United States of the Foreign Born, of First Admissions by Regular Commitment¹ to Hospitals for Mental Diseases² — By Sex — Concluded.

AGE GROUPS.	FOREIGN BORN.												NATIVITY UNKNOWN.		
	TOTAL.			TIME IN UNITED STATES BEFORE ADMISSION.											
				UNDER 5 YEARS.			5-9 YEARS.			10-14 YEARS.				15 YEARS AND OVER.	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.		M.	F.
Under 15 years	—	2	2	—	2	2	—	—	—	—	—	—	—	—	—
15-19 years	6	7	13	1	4	5	—	—	—	—	—	—	—	—	—
20-24 years	26	29	55	9	8	17	6	11	11	1	1	2	4	3	7
25-29 years	45	37	82	4	6	10	14	11	25	1	1	5	26	15	26
30-34 years	60	47	107	4	4	8	6	5	11	7	5	12	43	19	45
35-39 years	56	71	127	4	4	8	4	3	7	4	1	5	44	32	75
40-44 years	79	63	142	4	1	5	5	6	11	1	3	4	69	53	107
45-49 years	79	57	136	5	3	8	2	—	2	—	3	3	72	51	123
50-54 years	58	48	106	2	2	4	2	—	3	1	1	1	56	45	101
55-59 years	48	43	91	—	—	—	2	—	3	1	1	2	45	41	86
60-64 years	50	54	104	1	1	2	—	1	1	1	1	1	48	52	100
65-69 years	44	43	87	2	—	2	—	—	—	—	—	—	42	43	85
70 years and over	98	107	205	3	3	6	—	—	—	2	1	3	93	103	196
Unknown	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	649	608	1,257	39	38	77	38	33	71	19	16	35	553	520	1,073

¹ For forms included under regular court commitment see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 81. — Age, Nativity, Parentage and Length of Residence in the United States of the Foreign Born, of All Temporary Admissions¹ not followed by Regular Commitment to Hospitals for Mental Diseases² — By Sex.

AGE GROUPS.	AGGREGATE.			TOTAL.			NATIVE BORN.												PARENTAGE.			UNKNOWN.		
	M.	F.	T.	M.	F.	T.	NATIVE.			FOREIGN.			MIXED.			M.	F.	T.	M.	F.	T.			
							M.	F.	T.	M.	F.	T.	M.	F.	T.									
Under 15 years	29	18	47	28	18	46	10	6	16	11	7	18	5	11	6	23	46	1	3	1				
15-19 years	101	114	215	96	102	198	39	35	74	32	41	73	23	23	23	19	33	2	2	1				
20-24 years	122	99	221	95	68	163	38	33	71	38	20	58	19	14	19	14	33	3	3	2				
25-29 years	136	92	228	101	64	165	38	29	67	34	23	57	27	12	27	12	39	3	1	2				
30-34 years	160	115	275	101	70	171	35	30	65	33	26	59	30	14	30	14	44	3	1	2				
35-39 years	123	140	263	72	69	141	29	24	53	23	23	47	18	10	15	25	25	3	2	3				
40-44 years	139	83	222	57	51	108	24	21	45	23	14	37	10	15	10	25	25	1	1	1				
45-49 years	106	82	188	43	36	79	13	21	34	14	10	24	5	5	15	20	20	1	1	1				
50-54 years	115	73	188	55	37	92	24	15	39	22	17	39	8	5	13	17	17	1	1	1				
55-59 years	81	51	132	37	24	61	21	8	29	12	13	25	4	3	4	3	7	1	1	1				
60-64 years	67	33	100	31	23	54	14	6	20	14	13	27	2	4	2	6	6	1	1	1				
65-69 years	41	19	60	18	6	24	9	4	13	7	1	8	2	1	2	3	3	2	1	3				
70 years and over	40	19	59	19	10	29	12	6	18	4	1	5	1	2	1	1	3	2	1	3				
Unknown	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Total	1,260	938	2,198	753	578	1,331	306	238	544	268	209	477	165	124	289	14	7	21	-	-				

¹ Includes temporary care and observation admissions. For forms coming under these headings see page 97 of text.

² Does not include returns from any private hospital except McLean Hospital, and patients in family care under the Department of Mental Diseases. Does not include voluntary admissions.

TABLE 82. — *Country of Birth and Percentage of First Admissions by Regular Commitment¹ to Hospitals for Mental Diseases² — By Sex.*

NATIVITY.	ALL HOSPITALS.				PARENTS OF FEMALE PATIENTS.			
	PATIENTS.		PARENTS OF MALE PATIENTS.		FATHERS.		MOTHERS.	
	M.	F.	T.		Fathers.	Mothers.	Both.	
Africa	3	—	3		2	2	2	—
Australia	—	2	2		—	1	1	—
Austria	7	5	12		4	7	6	—
Belgium	1	—	1		1	1	1	—
Canada ³	150	154	304		217	226	182	207
China	3	—	3		2	3	2	—
Czechoslovakia	2	—	2		2	2	2	—
Cuba	—	—	—		2	—	—	—
Denmark	3	—	5		5	4	4	—
England	35	53	88		63	62	45	3
Finland	10	7	17		13	13	13	81
France	3	1	4		10	5	3	11
Germany	14	28	42		28	25	22	7
Greece	18	5	23		19	21	19	6
Holland	2	—	2		1	1	1	34
Hungary	4	—	4		4	5	4	7
Ireland	123	153	276		322	315	277	1
Italy	64	36	100		81	79	68	324
Japan	—	1	—		—	1	—	65
Jugo-Slavia	1	—	2		1	1	1	1
Mexico	—	1	—		—	—	—	287
Norway	2	3	5		3	2	2	64
Poland	38	38	76		51	52	51	1
Porto Rico	—	—	—		—	—	—	1
Portugal	34	19	53		42	41	39	4
Rumania	—	—	—		—	—	—	42
Russia	41	41	82		56	53	51	24
Scotland	17	20	37		26	20	16	—
South America	3	1	4		1	1	1	46
Spain	2	2	4		1	1	1	34
Sweden	27	14	41		37	36	33	—
Switzerland	—	1	1		—	—	—	2
								19
								1

TABLE 83. — *Country of Birth and Parentage of All Temporary¹ Admissions not followed by Regular Commitment to Hospitals for Mental Diseases² — By Sex.*

NATIVITY.	ALL HOSPITALS.								
	PATIENTS.		PARENTS OF MALE PATIENTS.			PARENTS OF FEMALE PATIENTS.			
	M.	F.	T.	Fathers.	Mothers.	Both.	Fathers.	Mothers.	Both.
Africa	2	—	2	2	—	—	1	—	—
Austria	2	1	3	3	4	3	1	1	1
Belgium	2	—	2	1	1	1	—	—	—
Canada ³	86	79	165	136	141	108	131	131	102
Central America	1	—	1	—	—	—	—	—	—
China	3	—	3	3	4	3	—	—	—
Denmark	2	2	4	4	2	2	3	2	2
England	27	20	47	36	45	25	43	40	28
Finland	3	3	6	3	3	3	5	6	5
France	3	1	4	6	9	5	2	3	2
Germany	10	5	15	35	31	25	17	15	13
Greece	15	1	16	15	15	15	2	2	2
Holland	2	2	4	2	2	2	3	3	3
Hungary	3	1	4	5	5	5	2	4	2
India	1	—	1	—	—	—	—	—	—
Ireland	92	85	177	260	261	223	201	210	177
Italy	74	32	106	102	100	99	56	56	56
Mexico	—	1	1	—	—	—	1	1	1
Norway	2	6	8	2	1	1	6	6	6
Philippine Islands	—	—	—	—	—	—	—	—	—
Poland	28	18	46	39	37	36	25	25	25
Porto Rico	1	1	2	1	1	1	—	—	—
Portugal	14	4	18	17	16	15	7	6	6
Rumania	3	—	3	3	3	3	—	—	—
Russia	60	50	110	78	77	77	65	59	58
Scotland	8	5	13	17	16	11	16	10	7
South America	1	2	3	1	1	2	2	2	2
Spain	2	—	2	—	—	—	—	—	—
Sweden	22	12	34	35	32	30	18	17	16

TABLE 84. — *Citizenship and Form of Admission of All Patients Admitted to Hospitals for Mental Diseases¹ — By Sex, Number and Percentage Distribution.*

ADMISSIONS. ²	TOTAL.			CITIZENS BY BIRTH.			CITIZENS BY NATURALIZATION.			ALIENS.			CITIZENSHIP UNKNOWN.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
First admissions (regular commitment)	1,643	1,472	3,115	996	870	1,866	256	246	502	332	285	617	59	71	130
Readmissions (regular commitment)	322	366	688	224	232	456	45	51	96	49	70	119	4	13	17
Temporary care and voluntary admissions	1,401	1,035	2,436	871	670	1,541	250	170	420	249	180	429	31	15	46
Total	3,366	2,873	6,239	2,091	1,772	3,863	551	467	1,018	630	535	1,165	94	99	193
<i>Percentage.</i>															
First admissions (regular commitment)	48.9	51.4	50.0	47.6	49.1	48.3	46.5	52.8	49.3	52.8	53.4	53.0	62.7	71.7	67.4
Readmissions (regular commitment)	9.5	12.7	11.0	10.7	13.1	11.8	8.1	10.9	9.4	7.8	13.1	10.2	4.5	13.1	8.8
Temporary care and voluntary admissions	41.9	35.9	39.0	41.7	37.8	39.9	45.4	36.3	41.3	39.4	33.5	36.8	32.8	15.2	23.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

¹ Does not include returns from any private hospital except McLean Hospital, patients in Family Care under the Department of Mental Diseases, or transfers.

² For forms of admission included under regular court commitment, temporary care and voluntary admissions see page 97 of text.

TABLE 85. — *Number of Times Admitted and Psychoses of All Admissions by Regular Commitment¹ to Hospitals for Mental Diseases² — By Sex.*

	TOTAL.			ONE.			TWO.			THREE.			FOUR.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	16	2	18	13	2	15	2	2	2	1	2	2	1	1	1
Senile	130	203	333	126	191	317	2	11	13	1	3	1	3	2	2
With cerebral arteriosclerosis	245	170	415	236	160	396	6	5	11	3	5	2	1	2	2
General paralysis	168	47	215	158	44	202	7	1	8	1	1	1	1	1	1
With cerebral syphilis	15	8	23	15	7	22	—	—	—	—	—	—	—	—	—
With Huntington's chorea	1	3	4	1	3	4	—	—	—	—	—	—	—	—	—
With brain tumor	2	2	4	2	2	4	2	2	4	2	1	3	—	—	—
With other brain or nervous diseases	41	29	70	37	26	63	18	3	21	6	4	10	3	—	3
Alcoholic	211	40	251	179	32	211	18	1	2	1	1	1	1	1	2
Due to drugs and other exogenous toxins	8	5	13	6	2	8	—	—	—	—	—	—	—	—	—
With pellagra	—	2	2	—	2	2	—	—	—	—	—	—	—	—	—
With other somatic diseases	37	76	113	34	67	101	2	6	8	—	3	3	1	—	1
Manic-depressive	215	372	587	141	246	387	12	30	42	24	42	60	8	22	30
Involution melancholia	25	73	98	22	61	83	2	8	10	1	3	4	1	1	1
Dementia praecox	426	408	834	332	295	627	39	41	80	27	42	69	13	10	23
Paranoia or paranoid conditions	41	50	91	38	39	77	1	4	5	—	3	3	2	2	4
Epileptic psychoses	39	32	71	32	26	58	3	3	6	1	2	3	1	1	2
Psychoneuroses and neuroses	16	25	41	15	18	33	1	—	1	—	3	3	1	3	3
With psychopathic personality	19	15	34	12	12	24	—	—	2	1	1	2	1	1	2
With mental deficiency	68	50	118	44	39	83	12	4	16	5	3	8	1	2	3
Undiagnosed psychoses	191	180	371	161	157	318	11	9	20	12	5	17	3	7	10
Without psychoses	53	44	97	39	41	80	7	3	10	4	—	4	1	1	1
Diagnosis deferred	—	2	2	—	—	—	—	1	1	—	—	—	—	—	—
Total	1,965	1,838	3,803	1,643	1,472	3,115	130	132	262	88	117	205	37	54	91

¹ For forms of admission included under regular court commitment see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in Family Care under the Department of Mental Diseases, or transfers.

TABLE 86. — *Psychoses of First Admissions by Regular Commitment¹ to Hospitals for Mental Diseases² — By Hospital and Sex.*

PSYCHOSES.	TOTAL.			BOSTON STATE.			BOSTON PSYCHOPATHIC.			DANVERS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	13	2	15	1	—	1	2	—	—	3	—	3
Senile	120	191	317	24	61	85	—	1	—	22	25	47
Cerebral arteriosclerosis	226	100	326	45	31	76	—	2	—	40	41	81
General paralysis	138	44	182	14	7	21	—	7	2	26	9	35
Cerebral syphilis	15	7	22	—	—	—	—	24	4	7	2	9
Huntington's chorea	1	3	4	—	—	—	—	2	1	2	—	3
With brain tumor	2	2	4	1	—	—	—	—	—	1	—	1
With other brain or nervous diseases	37	26	63	5	1	6	—	1	—	3	—	3
Alcoholic	179	32	211	19	8	27	—	7	5	19	4	23
Due to drugs and other exogenous toxins	6	2	8	—	—	—	—	4	1	1	—	1
With pellagra	—	2	2	—	—	—	—	—	—	—	—	—
With other somatic diseases	34	67	101	5	12	17	—	—	—	1	7	8
Manic-depressive	141	246	387	24	41	65	—	1	15	24	24	48
Involution melancholia	22	61	83	—	6	6	—	5	20	1	7	8
Dementia præcox	332	295	627	11	9	20	—	1	—	1	65	129
Paranoia or paranoid conditions	38	39	77	12	19	31	—	19	13	64	—	—
Epileptic psychoses	32	26	58	3	3	6	—	2	1	1	—	1
Psychoneuroses and neuroses	15	18	33	—	—	—	—	1	—	1	1	2
With psychopathic personality	12	12	24	1	1	2	—	1	3	1	8	9
With mental deficiency	44	39	83	3	7	10	—	1	—	2	4	6
Undiagnosed psychoses	161	157	318	18	13	31	—	1	—	7	11	18
Without psychoses	39	41	80	4	2	6	—	13	26	13	18	31
Total	1,643	1,472	3,115	190	221	411	91	77	168	241	229	470
							100.0		100.0			100.0

¹ For forms of admission included under regular court, commitment see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 86. — *Psychoses of First Admissions by Regular Commitment¹ to Hospitals for Mental Diseases² — By Hospital and Sex — Continued.*

PSYCHOSES.	FOXBOROUGH.			GARDNER.			GRAFTON.			MEDFIELD.		
	M.	F.	T.	Per Cent.	M.	F.	T.	Per Cent.	M.	F.	T.	Per Cent.
Traumatic	—	—	—	—	—	—	—	—	—	—	—	—
Senile	10	7	17	8.8	5	9	14	18.0	4	4	8	8.3
Cerebral arteriosclerosis	7	3	10	5.2	4	3	7	9.0	7	1	8	8.3
General paralysis	6	3	9	4.7	4	—	—	5.1	7	1	8	8.3
Cerebral syphilis	3	3	6	3.1	—	—	—	—	1	—	—	—
Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	4	2	6	3.1	—	—	—	—	—	—	—	—
Alcoholic	9	9	18	4.7	5	—	—	6.4	8	1	9	9.3
Due to drugs and other exogenous toxins	1	—	1	.5	—	—	—	1.3	—	—	—	—
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	1	3	4	2.0	—	—	—	—	—	—	—	—
Manic-depressive	6	15	21	12.9	1	5	6	7.7	4	9	13	13.4
Involution melancholia	2	5	7	3.6	—	—	—	3.8	3	3	6	6.1
Dementia praecox	19	18	37	19.1	6	5	11	14.1	12	12	24	24.8
Paranoia or paranoid conditions	7	3	10	5.2	—	—	—	—	2	2	4	4.1
Epileptic psychoses	—	—	—	—	—	—	—	—	2	—	—	—
Psychoneuroses and neuroses	1	1	2	1.0	1	1	2	2.5	—	—	—	—
With psychopathic personality	1	2	3	1.6	1	1	2	2.5	—	—	—	—
With mental deficiency	1	2	3	1.6	1	—	—	1.3	—	—	—	—
Undiagnosed psychoses	36	12	48	24.9	2	2	4	5.1	3	1	4	4.1
Without psychoses	—	—	—	—	7	4	11	14.1	—	—	—	—
Total	114	79	193	100.0	38	40	78	100.0	16	8	24	100.0
									53	44	97	100.0

¹ For forms of admission included under regular court commitment see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 86. — *Psychoses of First Admissions by Regular Commitment¹ to Hospitals for Mental Diseases² — By Hospital and Sex — Continued.*

PSYCHOSES.	NORTHAMPTON.			TAUNTON.			WESTBOROUGH.			WORCESTER.		
	M.	F.	Per Cent.	M.	F.	Per Cent.	M.	F.	Per Cent.	M.	F.	Per Cent.
Traumatic	4	21	—	1	17	10.6	—	13	—	2	27	3
Senile	38	18	6.4	22	39	9.8	5	35	5.7	20	47	11.6
Cerebral arteriosclerosis	21	6	14.4	24	12	36	35	36	22.1	15	7	5.5
General paralysis	2	2	6.9	19	5	24	12	1	4.4	19	5	6.0
Cerebral syphilis	—	—	.51	2	—	.5	—	—	.3	1	—	—
Huntington's chorea	—	2	.51	—	1	.2	—	—	—	—	1	—
With brain tumor	—	—	—	—	1	—	—	—	—	—	—	—
With other brain or nervous diseases	6	3	2.3	3	1	1.1	3	2	1.6	5	5	1.2
Alcoholic	33	5	9.8	32	4	9.8	15	1	5.0	22	7	7.2
Due to drugs and other exogenous toxins	1	—	.26	—	—	—	3	1	1.2	—	—	—
With pellagra	1	2	2	—	—	—	—	—	—	—	—	—
With other somatic diseases	10	14	6.2	5	—	1.3	—	—	.6	—	—	2.6
Manic-depressive	17	52	17.6	8	13	21	31	34	20.4	6	14	4.2
Involution melancholia	4	5	9	11	26	7.1	—	4	5	2	11	3.2
Dementia præcox	40	46	22.0	50	42	25.0	48	47	29.8	52	30	20.4
Paranoia or paranoid conditions	—	—	—	8	17	4.6	1	1	.3	1	5	1.4
Epileptic psychoses	3	—	.77	4	2	6	2	1	.9	4	1	1.2
Psychoneuroses and neuroses	1	1	.26	5	4	2.4	2	1	.3	1	2	.6
Psychopathic personality	—	1	.28	2	1	.8	—	—	—	—	—	1.6
With mental deficiency	5	3	2.0	5	3	2.2	7	2	9	4	6	3.2
Undiagnosed psychoses	2	13	3.8	16	20	9.8	3	3	2.0	49	56	26.1
Without psychoses	6	3	2.3	1	—	.2	1	1	.6	3	6	2.2
Total	196	195	100.0	218	149	100.0	169	150	100.0	214	188	100.0

¹ For forms of admission included under regular court commitment see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 86. — *Psychoses of First Admissions by Regular Commitment*¹ to Hospitals for Mental Diseases² — By Hospital and Sex — Concluded.

	MONSON.			McLEAN.			BRIDGEWATER.			TEWKSBURY.		
	M.	F.	T.	Per Cent.	M.	F.	T.	Per Cent.	M.	F.	T.	Per Cent.
PSYCHOSES.												
Traumatic	—	—	—	—	1	—	1	—	1	—	—	—
Senile	—	—	—	—	—	—	—	—	—	—	—	—
Cerebral arteriosclerosis	—	—	—	—	8	5	13	—	4	6	14	29.9
General paralysis	—	—	—	—	1	1	2	—	1	1	5	10.7
Cerebral syphilis	—	—	—	—	1	—	—	—	3	1	4	8.4
Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic	—	—	—	—	—	1	1	—	—	—	—	—
Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	1	1	2	4.3
With pellagra	—	—	—	—	—	—	—	—	6	—	6	12.7
With other somatic diseases	—	—	—	—	—	—	—	—	—	—	—	—
Manic-depressive	—	—	—	—	1	—	—	—	—	—	—	—
Involution melancholia	—	—	—	—	16	21	37	—	2	1	3	6.4
Dementia præcox	—	—	—	—	—	2	2	—	1	—	—	2.1
Paranoia or paranoid conditions	—	—	—	—	—	—	—	—	—	—	—	—
Epileptic psychoses	6	16	22	40.7	—	—	—	—	1	5	6	12.7
Psychoneuroses and neuroses	—	—	—	—	—	—	—	—	—	—	—	—
Psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	—	—	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	9	23	32	59.3	1	2	3	—	—	1	1	2.1
Total	15	39	54	100.0	30	34	64	100.0	30	19	47	100.0

¹ For forms of admission included under regular court commitment see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 87. — *Psychoses of All Temporary¹ Admissions not followed by Regular Commitment to Hospitals for Mental Diseases² — By Hospital and Sex.*

PSYCHOSES.	TOTAL.			BOSTON STATE.			BOSTON PSYCHOPATHIC.			DANVERS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	11	—	11	—	—	—	7	—	7	1	—	1
Senile	14	14	28	—	—	13	4	5	9	—	—	1
Cerebral arteriosclerosis	73	42	115	7	4	11	49	28	77	4	1	5
General paralysis	61	14	75	2	—	2	55	14	69	2	—	2
Cerebral syphilis	8	7	15	2	—	2	6	17	13	—	—	—
Huntington's chorea	1	—	1	—	—	—	—	—	—	—	—	—
With brain tumor	1	1	2	—	—	—	1	1	2	—	—	—
With other brain or nervous diseases	46	25	71	—	—	—	41	24	65	—	1	1
Alcoholic	180	22	202	6	2	8	123	17	140	14	—	14
Due to drugs and other exogenous toxins	9	8	17	—	—	—	8	6	14	—	1	1
With pellagra	16	1	17	1	—	—	10	26	36	1	—	3
With other somatic diseases	99	35	134	1	4	5	74	146	220	1	2	2
Manic-depressive	99	169	268	9	9	18	1	9	10	—	—	4
Involution melancholia	3	11	14	—	—	—	1	86	87	—	2	2
Dementia præcox	98	93	191	1	1	2	36	37	73	—	—	—
Paranoia or paranoid conditions	40	42	82	2	4	6	29	12	41	4	—	4
Epileptic psychoses	38	15	53	—	1	1	11	28	39	2	—	3
Psychoneuroses and neuroses	15	37	52	1	1	2	14	13	27	1	—	1
With psychopathic personality	17	14	31	1	—	—	19	22	41	1	—	1
With mental deficiency	23	24	47	—	2	2	169	105	274	5	5	10
Undiagnosed psychoses	212	136	348	5	7	12	162	145	307	28	9	37
Without psychoses	277	216	493	17	28	45	14	9	23	1	—	1
Diagnosis deferred	18	12	30	1	—	1	—	—	—	—	—	—
Total	1,260	938	2,198	61	70	131	919	741	1,660	68	26	94

¹ Includes temporary care and observation cases. For forms of admission included under temporary care see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 87. — *Psychoses of All Temporary*¹ *Admissions not followed by Regular Commitment to Hospitals for Mental Diseases*² — *By Hospital and Sex* — Continued.

PSYCHOSES.	FOXBOROUGH.			GARDNER.			GRAFTON.			MEDFIELD.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	—	—	1	—	—	1	—	—	—	—	—	—
Senile	—	—	—	—	—	1	—	—	—	—	—	—
Cerebral arteriosclerosis	—	—	—	—	—	1	—	—	—	—	—	—
General paralysis	—	—	—	—	—	—	—	—	—	—	—	—
Cerebral syphilis	—	—	—	—	—	—	—	—	—	—	—	—
Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	1	—	1	—	—	—	—	—	—	—	—	—
Alcoholic	1	—	1	2	—	2	—	—	—	1	—	1
Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	—	—	—	—	—	—	—	—	—	—	—	—
Manic-depressive	1	1	2	—	—	1	—	—	—	—	—	—
Involution melancholia	—	—	—	—	—	—	—	—	—	—	—	—
Dementia præcox	1	—	1	1	—	1	—	—	—	—	—	—
Paranoia or paranoid conditions	—	—	—	—	—	—	—	—	—	—	—	—
Epileptic psychoses	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses and neuroses	—	—	—	—	—	1	—	—	—	—	—	—
With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	—	—	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	3	2	5	—	—	—	—	—	—	—	—	—
Without psychoses	8	2	5	4	1	5	—	—	—	3	1	4
Diagnosis deferred	—	1	1	—	—	—	—	—	—	—	—	—
Total	10	6	16	8	5	13	—	—	—	5	6	11

¹ Includes temporary care and observation cases. For forms of admission included under temporary care see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 87. — *Psychoses of All Temporary¹ Admissions not followed by Regular Commitment to Hospitals for Mental Diseases² — By Hospital and Sex — Continued.*

PSYCHOSES.	NORTHAMPTON.				TAUNTON.				WESTBOROUGH.				WORCESTER.			
	M.	F.	T.		M.	F.	T.		M.	F.	T.		M.	F.	T.	
Traumatic	—	—	—		1	—	1		1	—	—		1	—	—	
Senile	—	—	—		2	—	3		—	—	—		2	—	—	
With cerebral arteriosclerosis	—	—	—		5	3	8		4	3	7		3	1	2	
General paralysis	1	—	—		1	—	1		—	—	—		1	—	4	
Cerebral syphilis	—	—	—		—	—	—		—	—	—		—	—	1	
With Huntington's chorea	—	—	—		—	—	—		1	—	1		—	—	—	
With brain tumor	—	—	—		—	—	—		—	—	—		—	—	—	
With other brain or nervous diseases	1	—	—		—	—	—		—	—	—		—	—	—	
Alcoholic	6	—	6		8	3	11		3	—	—		2	—	2	
Due to drugs and other exogenous toxins	—	1	1		—	—	—		1	—	—		14	—	14	
With pellagra	—	—	—		—	—	—		—	—	—		—	—	—	
With other somatic diseases	2	2	4		1	—	1		—	—	—		—	—	—	
Manic-depressive	4	2	6		—	2	2		8	5	13		1	1	2	
Involution melancholia	1	—	1		—	—	—		—	—	—		—	—	—	
Dementia præcox	2	—	2		1	2	3		—	2	2		1	—	—	
Paranoia or paranoid conditions	—	—	—		—	—	—		—	—	—		—	—	—	
Epileptic psychoses	1	—	1		4	1	5		—	—	—		—	—	—	
Psychoneuroses and neuroses	1	—	1		—	2	2		—	1	—		—	—	—	
With psychopathic personality	—	—	—		—	—	—		—	—	—		—	—	—	
With mental deficiency	—	—	—		—	—	—		—	—	—		—	—	—	
Undiagnosed psychoses	—	1	1		2	1	3		1	1	2		—	13	40	
Without psychoses	5	4	9		11	6	17		11	9	20		27	10	37	
Diagnosis deferred	—	1	1		—	—	—		—	—	—		2	1	3	
Total	24	11	35		36	21	57		31	21	52		82	27	109	

¹ Includes temporary care and observation cases. For forms of admission included under temporary care see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 87. — *Psychoses of All Temporary¹ Admissions not followed by Regular Commitment to Hospitals for Mental Diseases² — By Hospital and Sex — Concluded.*

PSYCHOSES.	MONSON.			McLEAN.			BRIDGEWATER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	—	—	—	—	—	—	—	—	—
Senile	—	—	—	—	—	—	—	—	—
Cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—
General paralysis	—	—	—	—	1	1	—	—	—
Cerebral syphilis	—	—	—	—	—	—	—	—	—
Huntington's chorea	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	—	—	—	—	—	—	1	—	1
Alcoholie	—	—	—	—	—	—	1	—	1
Due to drugs and other exogenous toxins	—	—	—	1	—	1	—	—	—
With pellagra	—	—	—	—	—	—	—	—	—
With other somatic diseases	—	—	—	—	—	—	—	—	—
Manic-depressive	—	—	—	—	—	—	—	—	—
Involution melancholia	—	—	—	—	—	—	—	—	—
Dementia praecox	—	—	—	—	—	—	—	—	—
Paranoia or paranoid conditions	—	—	—	—	—	—	3	—	3
Epileptic psychoses	—	—	—	—	—	—	2	—	2
Psychoneuroses and neuroses	—	1	1	—	1	1	—	—	—
With psychopathic personality	—	—	—	—	—	—	—	—	—
With mental deficiency	—	—	—	—	—	—	2	—	2
Undiagnosed psychoses	—	—	—	—	—	—	—	—	—
Without psychoses	—	—	—	1	1	2	5	—	5
Diagnosis deferred	—	—	—	—	—	—	—	—	—
Total	—	1	1	2	3	5	14	—	14

¹ Includes temporary care and observation cases. For forms of admission included under temporary care see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 88. — *Race and Psychoses of First Admissions by Regular Commitment¹ to Hospitals for Mental Diseases² — By Sex.*

RACE.	TOTAL.			TRAUMATIC.			SENILE.			WITH CEREBRAL ARTERIO-SCLEROSIS.			GENERAL PARALYSIS.			WITH CEREBRAL SYPHILIS.			WITH HUNTINGTON'S CHOREA.			WITH BRAIN TUMOR.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	45	26	71	—	—	—	2	3	5	6	1	7	9	—	—	9	—	—	1	—	—	1	—	1
American Indian	—	1	1	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Armenian	12	7	19	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Bulgarian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chinese	4	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cuban	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dutch and Flemish	3	—	3	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
East Indian	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
English	308	616	924	3	39	73	34	39	66	48	114	28	8	36	—	3	3	6	—	—	—	—	—	—
Finnish	11	10	21	—	1	—	1	7	11	5	16	2	8	28	—	3	—	—	—	—	—	—	—	—
French	126	108	234	2	1	3	6	1	13	6	4	10	3	1	4	3	1	1	—	—	—	—	—	—
German	33	36	69	1	1	2	1	1	2	4	10	3	1	3	—	1	—	—	—	—	—	—	—	—
Greek	16	5	21	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hebrew	36	45	81	—	3	4	1	3	4	3	—	3	1	4	—	1	—	—	—	—	—	—	—	—
Irish	404	374	778	2	29	58	2	58	87	62	46	108	30	10	40	4	3	4	—	—	—	—	—	—
Italian ³	82	64	146	1	4	2	4	2	6	9	4	13	11	—	11	—	—	—	—	—	—	—	—	—
Japanese	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lithuanian	13	19	32	—	1	2	1	2	3	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Magyar	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mexican	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pacific Islander	—	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Portuguese	18	20	38	—	—	—	—	3	3	2	1	3	2	—	—	2	2	2	—	—	—	—	—	—
Rumanian	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scandinavian ⁴	42	25	67	1	1	2	1	3	4	7	4	7	1	1	3	1	1	1	—	—	—	—	—	—
Scottish	22	28	50	1	1	2	2	6	8	3	1	4	3	1	3	5	1	3	—	—	—	—	—	—
Slavonic ⁵	84	63	147	1	1	2	2	3	5	7	12	5	7	1	6	—	—	—	—	—	—	—	—	—
Spanish	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Spanish-American	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syrian	5	6	11	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Turkish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Welsh	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
West Indian ⁶	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other specific races	3	2	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Race unknown	85	58	143	—	12	15	—	15	27	11	8	19	8	2	10	—	—	—	—	—	—	—	—	—
Mixed	284	256	540	1	30	45	30	45	75	47	30	77	27	11	38	1	1	1	—	—	—	—	—	—
Total	1,643	1,472	3,115	13	2	15	126	191	317	236	160	396	158	44	202	15	7	22	1	3	4	2	2	4

¹ For forms of admission included under regular court commitment see page 97 of text.² Does not include return from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.³ Includes "North" and "South."⁴ Norwegians, Danes and Swedes.⁵ Includes Bohemians, Bosnians, Croats, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.⁶ Except Cuba.

TABLE 88. — *Race and Psychoses of First Admissions by Regular Commitment¹ to Hospitals for Mental Diseases² — By Sex — Continued.*

RACE.	WITH OTHER BRAIN OR NERVOUS DISEASES.			ALCOHOLIC.			DUE TO DRUGS AND OTHER EXOGENOUS TOXINS.			WITH PELLAGRA.			WITH OTHER SOMATIC DISEASES.			MANIC- DEPRESSIVE.			INVOLUTION MELANCHOLIA.			DEMENCIA PRÆCOX.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	—	—	—	5	2	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	8	14
American Indian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Armenian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	2	8
Bulgarian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chinese	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Cuban	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dutch and Flemish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
East Indian	8	5	13	16	2	18	1	1	2	—	—	—	8	12	20	20	50	70	—	—	—	—	—	—
English	—	—	—	4	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Finnish	2	5	7	18	2	20	—	—	—	—	—	—	8	5	13	10	15	25	—	—	—	3	1	12
French	1	1	2	1	—	2	—	—	—	—	—	—	1	5	6	3	8	11	—	—	—	1	2	3
German	1	1	2	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Greek	1	1	2	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hebrew	1	1	2	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Irish	8	6	14	64	11	75	3	—	—	—	—	—	6	18	24	39	69	108	—	—	—	4	19	23
Italian ³	2	3	5	7	—	7	—	—	—	—	—	—	3	3	6	6	16	22	—	—	—	2	2	4
Japanese	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lithuanian	1	—	—	5	4	9	1	—	—	—	—	—	—	—	—	—	2	2	—	—	—	—	—	—
Magyar	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mexican	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pacific Islander	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Portuguese	—	—	—	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rumanian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scandinavian ⁴	1	1	2	9	—	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scotch	1	—	—	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Slavonic ⁵	3	3	3	18	6	24	—	—	—	—	—	—	1	1	2	5	11	16	—	—	—	1	—	1
Spanish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Spanish-American	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syrian	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Turkish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Welsh	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
West Indian ⁶	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other specific races	1	2	3	5	1	6	—	—	—	—	—	—	1	3	4	8	4	12	—	—	—	—	—	—
Race unknown	7	3	10	18	3	21	1	1	2	—	—	—	6	14	20	27	42	69	—	—	—	4	10	14
Mixed	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	37	26	63	179	32	211	6	2	8	—	2	2	34	67	101	141	246	387	—	—	—	22	61	83

¹ For forms of admission included under regular court commitment see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.³ Includes "North," and "South."⁴ Includes Bohemians, Bosnians, Croats, Danes and Swedes.⁵ Includes Slovenians, Slovaks, Serbians, Ruthenians, Moravians, Polish, Russians, Rumanians, Servians, Slovaks, Slovenians.⁶ Except Cuba.

TABLE 88. — *Race and Psychoses of First Admissions by Regular Commitment¹ to Hospitals for Mental Diseases² — By Sex — Concluded.*

RACE.	PARANOID OR PARANOID CONDITIONS.			EPILEPTIC PSYCHOSES.			PSYCHONEUROSES AND NEUROSES.			WITH PSYCHOPATHIC PERSONALITY.			WITH MENTAL DEFICIENCY.			UNDIAGNOSED PSYCHOSES.			WITHOUT PSYCHOSES.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	4	1	5	-	-	-	-	-	-	1	-	-	2	2	4	3	6	9	-	-	-
American Indian	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Armenian	1	-	1	-	1	-	-	-	-	-	-	-	-	-	-	1	2	3	1	1	1
Bulgarian	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chinese	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	-	-	-
Cuban	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dutch and Flemish	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	-	-	-
East Indian	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
English	3	5	8	7	8	15	7	7	14	3	4	7	7	9	16	23	29	52	10	8	18
Finnish	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	1	3	4
French	4	2	6	3	1	4	1	2	3	-	-	-	4	2	6	14	6	23	4	3	9
German	-	1	1	2	1	2	-	2	2	-	-	-	1	1	1	2	2	4	2	1	3
Greek	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	3	6	9	1	1	1
Hebrew	-	-	-	-	-	-	-	-	-	-	1	1	1	2	3	3	6	9	2	4	6
Irish	11	16	27	5	3	8	2	2	4	1	2	3	6	7	13	41	34	75	2	2	2
Italian	4	2	6	2	2	2	1	1	1	-	-	-	-	2	2	8	9	17	4	1	5
Japanese	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lithuanian	1	1	2	-	1	1	-	1	1	-	-	-	-	-	-	1	3	4	1	2	3
Magyar	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mexican	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pacific Islander	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Portuguese	1	1	2	-	1	1	-	-	-	-	-	-	1	-	-	1	3	4	-	-	-
Rumanian	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scandinavian	-	-	-	-	1	1	-	1	1	-	-	-	-	1	1	9	4	13	2	-	2
Scotch	-	2	2	-	1	1	1	1	1	-	-	-	1	2	3	2	5	7	-	-	-
Slavonic	4	1	5	1	1	2	-	-	-	-	-	-	2	3	5	8	10	18	1	2	3
Spanish	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	-	-	-
Spanish-American	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Syrian	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Turkish	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Welsh	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
West Indian	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other specific races	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Race unknown	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mixed	3	7	10	10	8	18	3	1	4	2	1	3	6	2	8	12	7	10	2	2	4
Total	38	39	77	32	26	58	15	18	33	12	12	24	44	39	83	161	157	318	39	41	80

¹ For forms of admission included under regular court commitment see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.³ Includes "North," and "South."⁴ Norwegians, Danes and Swedes.⁵ Includes Bohemians, Bosnians, Croats, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.⁶ Except Cuba.

TABLE 89. — *Race and Psychoses of All Temporary Admissions¹ not followed by Regular Commitment to Hospitals for Mental Diseases² — By Sex.*

RACE.	TOTAL.		TRAUMATIC.		SENILE.		WITH CEREBRAL ARTERIOSCLEROSIS.		GENERAL PARALYSIS.		WITH CEREBRAL SYPHILIS.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
African (black)	35	27	—	—	—	—	2	1	6	—	3	—
African (part black)	8	1	—	—	—	—	—	—	1	—	—	—
Armenian	8	7	—	—	—	—	—	—	1	—	—	—
Bulgarian	—	15	—	—	—	—	—	—	1	—	—	—
Chinese	4	—	—	—	—	—	—	—	—	—	—	—
Cuban	—	4	—	—	—	—	—	—	—	—	—	—
Dutch and Flemish	2	3	—	—	—	—	—	—	—	—	—	—
East Indian	—	5	—	—	—	—	—	—	—	—	—	—
English	217	208	2	2	4	3	22	12	9	5	2	3
Finnish	4	7	—	—	—	—	—	—	—	—	—	—
French	64	110	1	1	1	1	4	—	1	1	2	—
German	40	21	—	—	2	—	2	—	3	1	4	—
Greek	16	6	—	—	—	—	—	—	2	—	—	—
Hebrew	70	64	—	—	—	—	3	2	2	—	—	—
Irish	371	277	4	—	3	1	25	18	15	7	1	—
Italian ³	104	55	2	2	1	1	1	43	4	4	4	4
Japanese	—	—	—	—	—	—	—	—	5	—	—	—
Lithuanian	14	16	—	—	—	—	—	—	—	—	—	—
Magyar	3	2	—	—	—	—	—	—	1	—	—	—
Mexican	—	5	—	—	—	—	—	—	—	—	—	—
Pacific Islander	1	1	—	—	—	—	—	—	—	—	—	—
Portuguese	15	9	—	—	—	—	2	1	2	—	—	—
Rumanian	2	2	—	—	—	—	—	—	—	—	—	—
Scandinavian ⁴	36	27	—	—	1	—	4	1	—	—	—	—
Scottish	20	15	—	—	—	—	1	—	1	—	—	—
Slavonic ⁵	63	28	1	—	—	—	—	—	2	—	—	—
Spanish	4	—	—	—	—	—	—	—	1	—	—	—
Spanish-American	—	4	—	—	—	—	—	—	—	—	—	—
Syrian	5	7	—	—	—	—	—	—	—	—	—	—
Turkish	—	12	—	—	—	—	—	—	—	—	—	—
Welsh	—	—	—	—	1	1	—	—	—	—	—	—
West Indian ⁶	—	1	—	—	—	—	—	—	—	—	—	—
Other specific races	3	—	—	—	—	—	—	—	—	—	—	—
Race unknown	35	47	—	—	—	—	5	1	1	—	—	—
Mixed	116	101	1	—	4	5	2	5	5	—	1	—
Total	1,260	938	11	—	14	14	73	42	61	14	8	7
												15

¹ Includes temporary care and observation cases. For forms of admission included under temporary care see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.³ Includes "North," and "South."⁴ Norwegians, Danes and Swedes.⁵ Includes Bohemians, Bosnians, Croats, Slovenians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.⁶ Except Cuba.

TABLE 89. — *Race and Psychoses of All Temporary Admissions¹ not followed by Regular Commitment to Hospitals for Mental Diseases² — By Sex — Continued.*

RACE.	WITH HUNTINGTON'S CHOREA.		WITH BRAIN TUMOR.		WITH OTHER BRAIN OR NERVOUS DISEASES.		ALCOHOLIC.		DUE TO DRUGS AND OTHER EXOGENOUS TOXINS.		WITH PELLAGRA.	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	—	—	—	—	—	—	7	2	9	—	—	—
African (part black)	—	—	—	—	—	—	1	—	—	—	—	—
Armenian	—	—	—	—	—	—	—	—	—	—	—	—
Bulgarian	—	—	—	—	—	—	—	—	—	—	—	—
Chinese	—	—	—	—	—	—	—	—	—	—	—	—
Cuban	—	—	—	—	—	—	—	—	—	—	—	—
Dutch and Flemish	—	—	—	—	—	—	—	—	—	—	—	—
East Indian	—	—	—	—	—	—	—	—	—	—	—	—
English	1	—	1	—	13	5	13	4	17	1	3	4
Finnish	—	—	—	—	—	—	9	2	11	—	—	—
French	—	—	—	—	2	1	2	—	—	—	—	—
German	—	—	—	1	1	3	2	—	2	1	—	—
Greek	—	—	—	—	—	—	—	—	—	—	—	—
Hebrew	—	—	—	—	—	—	2	—	2	—	—	—
Irish	—	—	—	—	—	—	83	8	91	5	3	8
Italian	—	—	—	—	—	—	8	—	8	—	—	—
Japanese	—	—	—	—	—	—	—	—	—	—	—	—
Lithuanian	—	—	—	—	—	—	—	—	—	—	—	—
Magyar	—	—	—	—	—	—	8	1	9	—	—	—
Mexican	—	—	—	—	—	—	—	—	—	—	—	—
Pacific Islander	—	—	—	—	—	—	—	—	—	—	—	—
Portuguese	—	—	—	—	—	—	3	—	—	—	—	—
Rumanian	—	—	—	—	—	—	—	—	—	—	—	—
Scandinavian	—	—	—	—	—	—	6	—	6	—	—	—
Scotch	—	—	—	—	—	—	3	—	3	—	—	—
Slavonic	—	—	—	—	—	—	17	2	19	—	—	—
Spanish	—	—	—	—	—	—	—	—	—	—	—	—
Spanish-American	—	—	—	—	—	—	—	—	—	—	—	—
Syrian	—	—	—	—	—	—	—	—	—	—	—	—
Turkish	—	—	—	—	—	—	1	—	1	—	—	—
Welsh	—	—	—	—	—	—	—	—	—	—	—	—
West Indian	—	—	—	—	—	—	—	—	—	—	—	—
Other specific races	—	—	—	—	—	—	—	—	—	—	—	—
Race unknown	—	—	—	—	—	—	3	—	—	—	—	—
Mixed	—	—	—	—	—	—	13	3	16	2	2	4
Total	1	—	1	1	1	2	180	22	202	9	8	17

¹ Includes temporary care and observation cases. For forms of admission included under temporary care see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.³ Includes "North" and "South."⁴ Norwegians, Danes and Swedes.⁵ Includes Bohemians, Bosnians, Croatians, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.⁶ Except Cuba.

TABLE. 89 — *Race and Psychoses of All Temporary Admissions¹ not followed by Regular Commitment to Hospitals for Mental Diseases² — By Sex — Continued.*

RACE.	WITH OTHER SOMATIC DISEASES.		MANIC-DEPRESSIVE.		INVOLUTION MELANCHOLIA.		DEMENTIA PRÆCOC.		PARANOID OR PARANOID CONDITIONS.		EPILEPTIC PSYCHOSES.	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	—	1	1	1	2	3	—	—	—	—	—	—
African (part black)	2	—	2	2	—	2	2	1	1	—	—	—
Armenian	—	1	1	1	—	2	—	—	—	—	—	—
Bulgarian	—	—	—	—	—	—	—	—	—	—	—	—
Chinese	—	—	—	1	—	1	—	—	—	—	—	—
Cuban	—	—	—	—	—	—	—	—	—	—	—	—
Dutch and Flemish	—	—	—	—	—	—	—	—	—	—	—	—
East Indian	—	—	—	—	—	—	—	—	—	—	—	—
English	2	3	5	21	37	58	17	21	38	8	12	20
Finnish	—	—	—	2	2	2	—	—	—	—	—	—
French	2	—	2	3	7	10	3	6	9	3	1	4
German	—	4	4	3	4	7	5	6	6	6	2	4
Greek	—	—	—	1	1	1	2	2	4	—	—	—
Hebrew	1	4	5	10	20	30	12	7	19	2	2	1
Irish	—	12	12	27	55	82	24	27	51	12	14	26
Italian ³	—	6	6	5	11	11	7	10	17	7	1	4
Japanese	—	—	—	—	—	—	—	2	2	—	—	—
Lithuanian	—	—	—	—	—	—	—	—	—	—	—	—
Magyar	—	1	1	1	1	1	—	—	—	—	—	—
Mexican	—	—	—	—	—	—	—	—	—	—	—	—
Pacific Islander	—	—	—	—	—	—	—	—	—	—	—	—
Portuguese	—	—	—	1	2	3	1	1	1	—	—	—
Rumanian	—	—	—	—	—	—	—	—	—	—	—	—
Scandinavian ⁴	1	—	1	4	5	9	6	3	9	3	3	3
Scotch	—	—	—	2	3	5	2	1	3	2	1	3
Slavonic ⁵	5	1	6	3	5	8	4	1	5	2	1	1
Spanish	—	—	—	—	—	—	—	—	—	—	—	—
Spanish-American	—	—	—	—	—	—	—	—	—	—	—	—
Syrian	—	—	—	2	—	2	—	—	—	—	—	—
Turkish	—	—	—	—	—	—	—	—	—	—	—	—
Welsh	—	—	—	—	—	—	—	—	—	—	—	—
West Indian ⁶	—	—	—	—	—	—	—	—	—	—	—	—
Other specific races	—	—	—	—	—	—	—	—	—	—	—	—
Race unknown	1	1	2	2	—	2	1	1	2	1	1	1
Mixed	2	1	3	7	21	28	9	5	14	1	2	3
Total	16	35	51	99	169	268	98	93	191	40	42	82

¹ Includes temporary care and observation cases. For forms of admission included under temporary care see page 97 of text.
² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.
³ Includes "North" and "South."
⁴ Norwegians, Danes and Swedes.
⁵ Includes Bohemians, Bosnians, Croations, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.
⁶ Except Cuba.

TABLE 90. — *Psychoses and Age of First Admissions by Regular Commitment¹ to Hospitals for Mental Diseases² — By Sex.*

PSYCHOSES.	TOTAL.		UNDER 15 YEARS.		15-19 YEARS.		20-24 YEARS.		25-29 YEARS.		30-34 YEARS.		35-39 YEARS.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Traumatic	13	2	-	-	1	-	3	1	2	-	-	-	1	-
Senile	126	191	-	-	-	-	-	-	-	-	-	-	-	-
With cerebral arteriosclerosis	236	317	-	-	-	-	-	-	-	-	-	-	-	-
General paralysis	158	160	1	-	1	-	-	-	7	1	20	1	24	15
With cerebral syphilis	15	44	-	1	-	-	1	1	1	1	3	4	1	39
With Huntington's chorea	1	7	-	-	-	-	1	2	1	4	-	-	-	2
With brain tumor	2	3	-	-	-	-	-	-	-	-	-	-	-	-
With other brain or nervous diseases	37	26	2	3	4	3	1	-	1	1	1	2	8	4
Alcoholic	179	32	-	-	-	1	1	-	7	1	19	5	23	12
Due to drugs and other exogenous toxins	6	2	-	-	-	-	-	-	-	-	2	1	2	25
With pellagra	-	2	-	-	-	-	-	-	-	-	-	-	1	1
With other somatic diseases	34	67	-	2	1	-	-	6	2	7	1	10	3	7
Manic-depressive	141	246	-	1	12	17	12	28	16	24	12	32	12	41
Involution melancholia	22	61	-	-	-	-	-	-	-	-	-	-	-	53
Dementia precox	332	295	4	2	31	20	73	37	66	53	58	39	36	4
Paranoia or paranoid conditions	38	39	-	-	-	-	-	-	2	1	1	3	4	77
Epileptic psychoses	32	26	-	1	5	1	6	8	7	3	7	-	3	2
Psychoneuroses and neuroses	15	18	-	1	2	1	1	1	1	10	4	-	1	6
With psychopathic personality	12	12	-	-	-	-	3	3	1	2	2	4	2	3
With mental deficiency	44	39	1	-	6	5	5	6	10	9	8	4	1	1
Undiagnosed psychoses	161	157	1	-	6	9	16	9	8	12	20	21	13	8
Without psychoses	39	41	4	7	6	7	5	6	6	4	5	2	3	30
Total	1,643	1,472	13	17	75	64	127	108	136	118	158	125	133	159
			30	139	235	254	283	292						

¹For forms of admission included under regular commitment see page 97 of text.²Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 90. — *Psychoses and Age of First Admissions by Regular Commitment¹ to Hospitals for Mental Diseases² — By Sex — Concluded.*

PSYCHOSES.	40-44 YEARS.		45-49 YEARS.		50-54 YEARS.		55-59 YEARS.		60-64 YEARS.		65-69 YEARS.		70 YEARS AND OVER.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Traumatic	-	-	2	1	-	-	1	1	2	2	1	1	-	-
Senile	-	-	-	1	3	5	-	4	-	-	18	39	92	139
With cerebral arteriosclerosis	-	-	-	1	3	19	18	15	24	36	44	78	119	231
General paralysis	33	9	26	4	20	26	11	2	37	63	7	34	76	195
With cerebral syphilis	1	2	4	-	1	1	2	1	7	12	1	1	1	1
With Huntington's chorea	1	1	1	-	1	1	-	-	1	1	-	-	-	-
With brain tumor	1	1	-	-	1	2	-	-	-	-	-	-	-	-
With other brain or nervous diseases	5	4	5	2	6	10	1	4	1	1	1	-	1	1
Alcoholic	32	4	33	7	21	24	22	3	8	12	9	1	4	5
Due to drugs and other exogenous toxins	2	-	1	1	-	-	-	-	-	-	-	-	-	-
With pellagra	-	1	-	-	-	-	-	-	-	-	-	-	-	-
With other somatic diseases	2	6	1	5	4	9	6	9	2	4	3	2	5	9
Manic-depressive	12	27	39	16	23	37	16	7	10	21	6	7	3	6
Involution melancholia	2	5	7	2	19	21	5	12	2	9	1	5	6	-
Dementia præcox	22	33	55	20	10	32	4	8	6	10	3	1	2	3
Paranoia or paranoid conditions	9	6	4	9	3	9	1	6	7	13	3	1	1	1
Epileptic psychoses	6	4	1	1	2	2	-	-	2	2	-	-	-	-
Psychoneuroses and neuroses	4	4	1	3	2	5	-	-	-	1	-	-	-	-
With psychopathic personality	4	3	3	1	2	4	1	2	1	1	-	-	1	1
With mental deficiency	3	2	5	4	2	4	2	2	-	-	-	-	1	1
Undiagnosed psychoses	20	17	37	7	15	35	14	11	12	25	7	6	20	33
Without psychoses	4	6	10	3	1	1	-	1	2	4	1	-	2	2
Total	158	129	287	147	131	247	105	85	109	218	102	80	249	489

¹ For forms of admission included under regular commitment see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 91. — *Psychoses and Age of All Temporary Admissions¹ not followed by Regular Commitment to Hospitals for Mental Diseases² — By Sex — Concluded.*

PSYCHOSES.	40-44 YEARS.		45-49 YEARS.		50-54 YEARS.		55-59 YEARS.		60-64 YEARS.		65-69 YEARS.		70 YEARS AND OVER.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Traumatic	—	—	—	—	1	—	2	—	1	—	1	—	—	—
Senile	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	1	1	2	5	7	3	12	10	4	21	2	6	8	16
General paralysis	13	1	12	2	14	9	7	8	4	4	11	1	19	7
With cerebral syphilis	1	3	—	—	—	1	1	1	—	—	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic	6	2	7	6	13	7	4	11	5	5	—	—	1	1
Due to drugs and other exogenous toxins	34	3	26	6	32	24	4	28	3	3	5	—	3	3
With pellagra	1	—	4	2	6	—	—	—	—	—	—	—	—	—
With other somatic diseases	1	—	3	4	7	3	6	—	—	—	—	—	—	—
Manic-depressive	7	18	8	19	27	11	4	5	1	1	1	3	2	1
Involution melancholia	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dementia præcox	8	15	3	3	3	2	4	6	8	8	3	2	—	—
Paranoia or paranoid conditions	5	6	1	3	4	9	2	2	1	1	—	—	—	—
Epileptic psychoses	4	4	5	—	11	2	1	19	1	1	—	—	—	—
Psychoneuroses and neuroses	4	1	1	3	4	2	3	3	—	—	—	—	—	—
With psychopathic personality	—	2	—	—	—	1	—	—	1	1	—	—	—	—
With mental deficiency	—	—	2	—	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	27	13	15	11	26	20	11	31	7	7	7	4	2	2
Without psychoses	26	13	17	10	27	15	6	16	8	8	8	1	4	3
Diagnosis deferred	1	1	2	2	4	1	—	2	1	—	1	—	1	1
Total	139	83	106	82	188	115	73	188	67	33	41	19	40	59

¹ Includes temporary care and observation cases. For forms of admission included under temporary care see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 92. — *Nativity and Age in Certain Psychoses of First Admissions by Regular Commitment¹ to Hospitals for Mental Diseases² — By Sex*
— Continued.

NATIVITY.	MANIC-DEPRESSIVE PSYCHOSES.											
	TOTAL.		UNDER 15 YEARS.		15-19 YEARS.		20-24 YEARS.		25-29 YEARS.		30-34 YEARS.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Africa	—	—	—	—	—	—	—	—	—	—	—	—
Australia	—	3	—	—	—	—	—	—	—	—	—	—
Austria	—	—	—	—	—	—	—	—	—	—	—	—
Belgium	—	—	—	—	—	—	—	—	—	—	—	—
Canada	13	22	—	—	—	—	1	5	—	—	2	1
Central America	—	—	—	—	—	—	—	—	—	—	—	—
China	—	—	—	—	—	—	—	—	—	—	—	—
Czechoslovakia	—	—	—	—	—	—	—	—	—	—	—	—
Cuba	—	—	—	—	—	—	—	—	—	—	—	—
Denmark	—	—	—	—	—	—	—	—	—	—	—	—
England	2	8	—	—	—	—	—	—	—	—	—	—
Finland	—	1	—	—	—	—	—	—	—	—	—	—
France	—	—	—	—	—	—	—	—	—	—	—	—
Germany	1	1	—	—	1	—	—	—	—	—	—	—
Greece	—	—	—	—	—	—	—	—	—	—	—	—
Holland	—	—	—	—	—	—	—	—	—	—	—	—
Hungary	2	—	—	—	—	—	—	—	—	—	—	—
India	—	—	—	—	—	—	—	—	—	—	—	—
Ireland	—	27	—	—	—	—	2	2	—	—	—	—
Italy	6	21	—	—	—	—	—	—	—	—	—	—
Japan	7	14	—	—	—	—	—	—	—	—	—	—
Jugo-Slavia	—	—	—	—	—	—	—	—	—	—	—	—
Mexico	—	—	—	—	—	—	—	—	—	—	—	—
Norway	1	1	—	—	1	—	—	—	—	—	—	—
Philippine Islands	—	—	—	—	—	—	—	—	—	—	—	—
Poland	2	7	—	—	—	—	1	—	—	—	—	—
Porto Rico	—	—	—	—	—	—	—	—	—	—	—	—
Portugal	—	4	—	—	—	—	—	—	—	—	—	—
Rumania	—	—	—	—	—	—	—	—	—	—	—	—
Russia	—	—	—	—	—	—	—	—	—	—	—	—
Scotland	1	7	—	—	—	—	—	—	—	—	—	—
South America	1	1	—	—	—	—	—	—	—	—	—	—
Spain	1	1	—	—	—	—	—	—	—	—	—	—
Sweden	—	2	—	—	—	—	—	—	—	—	—	—
Switzerland	4	—	—	—	1	—	—	—	—	—	—	—

TABLE 92. — *Nativity and Age in Certain Psychoses of First Admissions by Regular Commitment¹ to Hospitals for Mental Diseases² — By Sex*
— Continued.

NATIVITY.	MANIC-DEPRESSIVE PSYCHOSES — CON.											
	40-44 YEARS.		45-49 YEARS.		50-54 YEARS.		55-59 YEARS.		60-64 YEARS.		65-69 YEARS.	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Africa	—	—	—	—	—	—	—	—	—	—	—	—
Australia	—	—	—	—	—	—	—	—	—	—	—	—
Austria	—	—	—	—	—	—	—	—	—	—	—	—
Belgium	—	—	—	—	—	—	—	—	—	—	—	—
Canada ³	1	1	2	2	2	4	3	—	3	—	1	1
Central America	—	—	—	—	—	—	—	—	—	—	—	—
China	—	—	—	—	—	—	—	—	—	—	—	—
Czechoslovakia	—	—	—	—	—	—	—	—	—	—	—	—
Cuba	—	—	—	—	—	—	—	—	—	—	—	—
Denmark	—	—	—	—	—	—	—	—	—	—	—	—
England	—	1	1	1	1	4	—	1	—	—	—	—
Finland	—	—	—	—	—	1	—	—	—	—	—	—
France	—	—	—	—	—	1	—	—	—	—	—	—
Germany	—	—	—	—	—	—	—	—	—	—	—	—
Greece	—	—	—	—	—	—	—	—	—	—	—	—
Holland	—	—	—	—	—	—	—	—	—	—	—	—
Hungary	—	—	—	—	—	—	—	—	—	—	—	—
India	—	—	—	—	—	—	—	—	—	—	—	—
Ireland	2	2	4	1	2	3	—	—	—	—	—	—
Italy	—	4	4	3	—	—	—	—	—	—	—	—
Japan	—	—	—	—	—	—	—	—	—	—	—	—
Jugo-Slavia	—	—	—	—	—	—	—	—	—	—	—	—
Mexico	—	—	—	—	—	—	—	—	—	—	—	—
Norway	—	—	—	—	—	—	—	—	—	—	—	—
Philippine Islands	—	—	—	—	—	—	—	—	—	—	—	—
Poland	—	—	—	—	—	—	—	—	—	—	—	—
Porto Rico	—	—	—	—	—	—	—	—	—	—	—	—
Portugal	—	—	—	—	—	—	—	—	—	—	—	—
Rumania	—	—	—	—	—	—	—	—	—	—	—	—
Russia	—	—	—	—	—	—	—	—	—	—	—	—
Scotland	—	—	—	—	—	—	—	—	—	—	—	—
South America	—	—	—	—	—	—	—	—	—	—	—	—
Spain	—	—	—	—	—	—	—	—	—	—	—	—
Sweden	—	—	—	—	—	—	—	—	—	—	—	—
Switzerland	1	1	—	2	—	—	—	—	—	—	—	—

[illegible]

- 1 For forms of admission included under regular court commitment see page 97 of text.
- 2 Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.
- 3 Includes Newfoundland.
- 4 Except Cuba and Porto Rico.
- 5 Includes Europe and Asia not specified; also born at sea.

[illegible]

1 For forms of admission included under regular court commitment see page 97 of text.

² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

³ Includes Newfoundland.

⁴ Except Cuba and Porto Rico.

⁵ Includes Europe and Asia not specified; also born at sea.

TABLE 93. — *Nativity and Age in Certain Psychoses of All Temporary Admissions¹ not followed by Regular Commitment to Hospitals for Mental Diseases² — By Sex — Continued.*

NATIVITY.	ALCOHOLIC PSYCHOSES — Con.									
	45-49 YEARS.		50-54 YEARS.		55-59 YEARS.		60-64 YEARS.		65-69 YEARS.	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	70 YEARS AND OVER.
Africa	-	-	-	-	-	-	-	-	-	-
Australia	-	-	-	-	-	-	-	-	-	-
Austria	-	-	-	-	-	-	-	-	-	-
Belgium	-	-	-	-	-	-	-	-	-	-
Canada ³	-	-	3	1	1	-	-	-	-	-
Central America	-	-	-	-	-	-	-	-	-	-
China	-	-	-	-	-	-	-	-	-	-
Czecho-Slovakia	-	-	-	-	-	-	-	-	-	-
Cuba	-	-	-	-	-	-	-	-	-	-
Denmark	-	-	-	-	-	-	-	-	-	-
England	-	-	-	-	-	-	-	-	-	-
Finland	-	-	-	-	-	-	-	-	-	-
France	1	-	1	-	-	-	-	-	-	-
Germany	-	-	-	-	-	-	-	-	-	-
Greece	-	-	-	-	-	-	-	-	-	-
Holland	-	-	-	-	-	-	-	-	-	-
Hungary	-	-	-	-	-	-	-	-	-	-
India	-	-	-	-	-	-	-	-	-	-
Ireland	5	3	8	2	1	3	1	1	2	1
Italy	1	-	1	2	-	2	-	-	1	-
Japan	-	-	-	-	-	-	-	-	-	-
Jugo-Slavia	-	-	-	-	-	-	-	-	-	-
Mexico	-	-	-	-	-	-	-	-	-	-
Norway	-	-	-	-	-	-	-	-	-	-
Philippine Islands	-	-	-	-	-	-	-	-	-	-
Poland	1	1	2	-	-	1	-	-	-	-
Porto Rico	-	-	-	-	-	-	-	-	-	-
Portugal	1	-	1	-	-	-	-	-	-	-
Rumania	-	-	-	1	-	-	-	-	-	-
Russia	2	-	2	1	1	1	-	-	-	-
Scotland	1	-	1	1	-	-	-	-	-	-
South America	-	-	-	-	-	-	-	-	-	-
Spain	1	-	-	-	-	-	-	-	-	-
Sweden	-	-	-	-	1	-	-	-	-	-
Switzerland	-	-	1	3	-	-	-	-	-	-

TABLE 93. — *Nativity and Age in Certain Psychoses of All Temporary Admissions¹ not followed by Regular Commitment to Hospitals for Mental Diseases² — By Sex — Continued.*

NATIVITY.	MANIC-DEPRESSIVE PSYCHOSES.													
	TOTAL.		UNDER 15 YEARS.		15-19 YEARS.		20-24 YEARS.		25-29 YEARS.		30-34 YEARS.		35-39 YEARS.	
	M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Africa	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Australia	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Austria	1	-	-	-	-	-	-	-	-	-	-	1	-	-
Belgium	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Canada ³	5	15	-	-	-	-	3	3	1	1	2	1	1	1
Central America	-	-	-	-	-	-	-	-	-	-	-	-	-	-
China	1	-	-	-	-	-	-	-	-	-	-	1	-	-
Czecho-Slovakia	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cuba	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Denmark	-	-	-	-	-	-	-	-	-	-	-	-	-	-
England	-	4	-	-	-	-	-	-	-	-	-	-	-	-
Finland	1	-	-	-	-	-	-	-	-	-	-	-	-	-
France	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Germany	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Greece	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Holland	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hungary	1	-	-	-	-	-	-	-	-	-	-	-	-	-
India	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ireland	5	16	-	-	-	-	3	3	1	2	3	1	3	1
Italy	4	1	-	-	-	1	-	-	1	1	1	1	2	1
Japan	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jugo-Slavia	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mexico	-	1	-	-	-	-	-	-	-	-	-	1	1	-
Norway	-	2	-	-	-	-	-	-	-	-	-	-	-	-
Philippine Islands	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Poland	1	2	-	-	-	-	-	-	-	-	-	-	1	2
Porto Rico	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Portugal	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rumania	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Russia	6	14	-	-	-	-	1	1	2	3	5	1	3	4
Scotland	2	-	-	-	-	-	-	-	-	-	-	-	-	-
South America	-	1	-	-	-	-	-	-	-	1	1	-	-	-
Spain	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sweden	-	-	-	-	-	1	1	1	-	-	-	-	1	-
Switzerland	4	2	-	-	-	-	1	1	-	-	-	-	-	-

TABLE 94. — *Degree of Education and Psychoses of First Admissions by Regular Commitment¹ to Hospitals for Mental Diseases² — By Sex.*

PSYCHOSES.	TOTAL.		ILLITERATE.		READS AND WRITES.		COMMON SCHOOL.		HIGH SCHOOL.		COLLEGE.		UNKNOWN.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Traumatic	13	2	1	1	2	2	8	1	1	2	1	1	—	—
Senile	126	191	16	25	41	20	63	91	12	24	1	7	14	19
With cerebral arteriosclerosis	236	317	18	11	29	28	152	109	18	36	8	2	22	11
General paralysis	138	160	9	2	42	14	97	35	13	21	17	6	6	2
With cerebral syphilis	15	7	2	2	18	2	6	4	25	3	1	1	—	8
With Huntington's chorea	1	3	—	—	—	—	1	2	4	6	—	—	—	—
With brain tumor	2	3	—	—	—	—	1	2	1	1	—	—	—	—
With other brain or nervous diseases	37	26	1	1	2	6	26	17	—	—	—	—	—	—
Alcoholic	179	32	23	3	26	32	102	20	3	4	—	—	1	1
Due to drugs and other exogenous toxins	6	2	—	—	—	2	2	2	8	—	—	—	—	3
With pellagra	—	8	—	—	—	—	—	4	—	—	—	—	—	13
With other somatic diseases	34	67	2	1	3	7	—	1	—	1	—	—	—	—
Manic-depressive	141	246	2	13	15	8	20	41	2	12	1	3	2	5
Involution melancholia	22	61	1	4	5	16	80	135	32	65	14	14	5	3
Dementia praecox	332	295	9	11	20	31	18	41	1	12	1	—	—	8
Paranoia or paranoid conditions	38	39	5	3	8	10	191	180	64	57	22	14	12	20
Epileptic psychoses	32	26	1	1	3	7	14	24	4	3	2	2	3	2
Psychoneuroses and neuroses	15	18	—	—	—	1	24	16	5	5	—	—	—	1
With psychopathic personality	12	12	—	—	—	—	13	8	2	7	—	—	—	1
With mental deficiency	44	39	10	10	20	9	6	6	2	4	3	1	—	1
Undiagnosed psychoses	161	157	9	16	25	17	100	81	19	28	8	6	1	9
Without psychoses	39	41	10	17	27	11	15	12	3	1	—	—	—	—
Total	1,643	1,472	117	121	238	196	966	850	197	239	72	51	94	65
														159

¹ For forms of admission included under regular court commitment see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 95. — Degree of Education and Psychoses of All Temporary¹ Admissions not followed by Regular Commitment to Hospitals for Mental Diseases² — By Sex.

PSYCHOSES.	TOTAL.		ILLITERATE.		READS AND WRITES.		COMMON SCHOOL.		HIGH SCHOOL.		COLLEGE.		UNKNOWN.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Traumatic	11	-	11	1	-	1	9	-	9	-	3	6	-
Senile	11	14	25	1	2	3	6	10	16	-	3	4	-
With cerebral arteriosclerosis	73	42	115	2	5	7	55	29	84	-	2	4	-
General paralysis	61	14	75	3	-	3	41	10	51	-	2	2	-
With cerebral syphilis	8	7	15	-	-	-	6	2	8	-	1	1	-
With Huntington's chorea	1	-	1	-	-	-	-	-	-	-	1	1	-
With brain tumor	1	1	2	-	-	-	1	1	2	-	-	-	-
With other brain or nervous diseases	46	25	71	2	-	2	33	19	52	-	1	1	-
Alcoholic	180	22	202	17	2	19	126	16	142	-	18	4	-
Due to drugs and other exogenous toxins	9	8	17	-	-	-	9	4	13	-	4	4	-
With pellagra	-	1	1	-	-	-	1	1	1	-	-	-	-
With other somatic diseases	16	35	51	-	4	4	11	25	36	-	2	4	-
Manic-depressive	99	169	268	1	1	2	54	110	164	28	41	69	1
Involution melancholia	3	11	14	-	-	-	3	8	11	-	1	1	-
Dementia præcox	98	93	191	1	3	4	59	56	115	31	31	62	2
Paranoia or paranoid conditions	40	42	82	2	2	4	30	21	51	3	16	19	2
Epileptic psychoses	38	15	53	2	2	4	25	11	36	9	1	10	1
Psychoneuroses and neuroses	15	37	52	2	2	4	11	21	32	2	9	11	1
With psychopathic personality	17	14	31	1	-	1	8	8	14	7	5	12	3
With mental deficiency	23	24	47	2	1	3	18	22	40	-	-	-	-
Undiagnosed psychoses	212	136	348	11	7	18	14	13	27	32	54	6	13
Without psychoses	277	216	493	14	10	24	171	154	325	46	14	4	18
Diagnosis deferred	18	12	30	2	2	4	11	8	19	2	1	3	5
Total	1,260	938	2,198	62	43	105	821	621	1,442	198	190	388	43
										60	30	90	13
													56

¹ Includes temporary care and observation cases. For forms of admission included under temporary care see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 96. — *Environment and Psychoses of First Admissions by Regular Commitment¹ to Hospitals for Mental Diseases² — By Sex.*

PSYCHOSES.	TOTAL.			URBAN.			RURAL.			UNKNOWN.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	13	2	15	10	1	11	2	1	3	1	—	1
Senile	126	191	317	117	180	297	8	9	17	1	2	3
With cerebral arteriosclerosis	236	160	396	223	153	376	11	6	17	2	1	3
General paralysis	158	44	202	152	40	192	6	4	10	—	—	—
With cerebral syphilis	15	7	22	15	5	20	—	2	2	—	—	—
With Huntington's chorea	1	3	4	1	3	4	—	—	—	—	—	—
With brain tumor	2	2	4	2	2	4	—	—	—	—	—	—
With other brain or nervous diseases	37	26	63	33	26	59	3	—	3	1	—	1
Alcoholic	179	32	211	168	32	200	10	—	10	1	—	1
Due to drugs and other exogenous toxins	6	2	8	6	2	8	—	—	—	—	—	—
With pellagra	—	2	2	—	2	2	—	—	—	—	—	—
With other somatic diseases	34	67	101	31	65	96	3	2	5	—	—	—
Manic-depressive	141	246	387	134	234	368	3	10	13	4	2	6
Involution melancholia	22	61	83	21	60	81	1	1	2	—	—	—
Dementia præcox	332	295	627	308	282	590	23	12	35	1	1	2
Paranoia or paranoid conditions	38	39	77	36	37	73	1	1	2	1	1	2
Epileptic psychoses	32	26	58	28	25	53	4	1	5	—	—	—
Psychoneuroses and neuroses	15	18	33	14	18	32	1	—	1	—	—	—
With psychopathic personality	12	12	24	11	10	21	1	1	2	—	1	1
With mental deficiency	44	39	83	39	36	75	4	1	5	1	2	3
Undiagnosed psychoses	161	157	318	146	152	298	9	5	14	6	6	6
Without psychoses	39	41	80	31	39	70	6	2	8	2	—	2
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—	—	—
Total	1,643	1,472	3,115	1,526	1,404	2,930	96	58	154	21	10	31

¹ For forms of admission included under regular court commitment see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 97. — *Environment and Psychoses of All Temporary Admissions¹ not followed by Regular Commitment to Hospitals for Mental Diseases²*
— By Sex.

	ALL HOSPITALS.											
	TOTAL.			URBAN.			RURAL.			UNKNOWN.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	11	—	11	11	—	11	—	—	—	—	—	—
Sunle	14	14	28	13	14	27	1	—	1	—	—	—
With cerebral arteriosclerosis	73	42	115	70	42	112	3	—	3	—	—	—
General paralysis	61	14	75	61	14	75	—	—	—	—	—	—
With cerebral syphilis	8	7	15	8	7	15	—	—	—	—	—	—
With Huntington's chorea	1	—	1	1	—	1	—	—	—	—	—	—
With brain tumor	1	1	2	1	1	2	—	—	—	—	—	—
With other brain or nervous diseases	46	25	71	46	25	71	—	—	—	—	—	—
Alcoholic	180	22	202	179	22	201	1	—	1	—	—	—
Due to drugs and other exogenous toxins	9	8	17	9	8	17	—	—	—	—	—	—
With pellagra	—	1	1	—	1	1	—	—	—	—	—	—
With other somatic diseases	16	35	51	15	35	50	1	5	6	1	—	1
Manic-depressive	99	169	268	97	164	261	1	—	—	—	—	—
Involution melancholia	3	11	14	3	11	14	—	—	—	—	—	—
Dementia praecox	98	93	191	94	93	187	3	—	3	—	—	—
Paranoia or paranoid conditions	40	42	82	40	41	81	—	1	1	—	—	—
Epileptic psychoses	38	15	53	38	15	53	—	—	—	—	—	—
Psychoneuroses and neuroses	15	37	52	15	37	52	—	—	—	—	—	—
With psychopathic personality	17	14	31	17	14	31	—	—	—	—	—	—
With mental deficiency	23	24	47	22	24	46	1	—	1	—	—	—
Undiagnosed psychoses	212	136	348	207	134	341	4	—	4	—	—	—
Without psychoses	277	216	493	270	213	483	5	2	7	2	1	3
Diagnosis deferred	18	12	30	18	12	30	—	—	—	—	—	—
Total	1,260	938	2,198	1,235	927	2,162	20	8	28	5	3	8

¹ Includes temporary care and observation cases. For forms of admission included under temporary care see page 97 of text.

² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 98. — *Economic Status and Psychoses of First Admissions by Regular Commitment¹ to Hospitals for Mental Diseases² — By Sex.*

PSYCHOSES.	TOTAL.		DEPENDENT.		MARGINAL.		COMFORTABLE.		UNKNOWN.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Traumatic	13	2	—	—	12	2	1	—	—	—
Senile	126	191	31	48	75	124	11	10	9	9
With cerebral arteriosclerosis	236	180	44	25	151	119	35	11	6	5
General paralysis	158	44	19	4	121	37	14	1	4	2
With cerebral syphilis	15	7	—	—	14	21	1	—	—	—
With Huntington's chorea	1	3	—	—	1	3	—	—	—	—
With brain tumor	2	2	—	—	2	4	—	—	—	—
With other brain or nervous diseases	37	26	4	4	30	22	2	—	—	—
Alcoholic	179	32	35	2	133	29	9	1	1	2
Due to drugs and other exogenous toxins	6	2	4	—	2	2	—	—	—	—
With pellagra	—	2	—	—	—	2	—	—	—	—
With other somatic diseases	34	67	5	3	26	58	3	3	—	3
Manic-depressive	141	246	10	11	104	210	21	24	6	1
Involution melancholia	22	81	—	1	18	55	4	3	—	7
Dementia præcox	332	295	37	15	274	263	13	9	8	16
Paranoia or paranoid conditions	38	39	1	—	35	37	—	—	2	2
Epileptic conditions	32	26	5	3	25	16	1	7	1	1
Psychoneuroses and neuroses	15	18	1	2	14	41	—	2	—	—
With psychopathic personality	12	12	2	—	8	11	2	1	—	—
With mental deficiency	44	39	7	12	37	24	—	1	—	2
Undiagnosed psychoses	161	157	12	16	140	131	5	7	4	3
Without psychoses	39	41	9	11	25	22	5	7	—	1
Total	1,643	1,472	226	157	1,247	1,190	127	87	43	38
		3,115		383		2,437		214		81

¹ For forms of admission included under regular commitment see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 99. — *Economic Status and Psychoses of All Temporary Admissions¹ not followed by Regular Commitment to Hospitals for Mental Diseases² — By Sex.*

PSYCHOSES.	TOTAL.		DEPENDENT.		MARGINAL.		COMFORTABLE.		UNKNOWN.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Traumatic	11	—	—	—	10	—	—	—	1	—
Senile	14	14	—	4	12	10	—	1	1	1
With cerebral arteriosclerosis	73	42	3	5	66	37	3	6	1	1
General paralysis	61	115	3	—	60	14	—	—	1	1
With cerebral syphilis	8	75	—	—	7	7	—	—	1	1
With Huntington's chorea	1	15	—	—	1	—	—	—	—	—
With brain tumor	1	—	—	—	1	—	—	—	—	—
With other brain or nervous diseases	1	2	—	—	1	—	—	—	—	—
Alcoholic	46	25	2	1	42	1	—	—	—	—
Due to drugs and other exogenous toxins	180	202	5	3	170	23	1	1	1	2
With pellagra	9	8	1	—	8	8	—	—	—	—
With other somatic diseases	—	1	—	—	—	1	—	—	—	—
Manic-depressive	16	35	—	—	12	35	—	—	—	—
Involution melancholia	99	169	3	3	93	169	2	2	2	2
Dementia praecox	3	11	—	—	2	11	—	—	1	1
Paranoia or paranoid conditions	98	191	1	3	97	90	—	—	—	—
Epileptic psychoses	40	42	1	1	39	40	—	—	—	—
Psychoneuroses and neuroses	38	15	5	2	31	15	1	1	1	1
With psychopathic personality	15	37	—	—	15	34	—	—	—	—
With mental deficiency	17	14	—	—	17	14	—	—	—	—
Undiagnosed psychoses	23	47	1	1	22	23	—	—	—	—
Without psychoses	212	348	4	3	204	131	1	2	3	1
Diagnosis deferred	277	493	18	22	251	191	4	3	4	4
Total	1,260	938	46	42	1,178	883	18	11	29	20

¹ Includes temporary care and observation cases. For forms of admission included under temporary care see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 100. — *Alcoholic Habits and Psychoses of First Admissions by Regular Commitment¹ to Hospitals for Mental Diseases² — By Sex.*

PSYCHOSES.	TOTAL.			ABSTINENT.			TEMPERATE.			INTEMPERATE.			UNKNOWN.			
	M.		T.	M.		T.	M.		T.	M.		T.	M.		F.	T.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Traumatic	13	2	15	7	2	9	3	3	3	3	3	3	3	3	3	3
Senile	126	191	317	38	147	185	48	22	70	29	5	34	17	17	28	28
With cerebral arteriosclerosis	236	160	396	89	140	229	93	13	106	37	1	38	17	6	23	23
General paralysis	158	44	202	54	27	81	70	8	78	27	5	32	7	4	11	11
With cerebral syphilis	15	7	22	3	5	8	5	2	7	7	7	7	7	7	7	7
With Huntington's chorea	1	3	4	1	3	4	—	—	—	—	—	—	—	—	—	—
With brain tumor	2	2	4	1	2	2	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	37	26	63	18	21	39	12	3	15	7	32	211	7	2	2	2
Alcoholic	179	32	211	3	1	4	—	—	—	179	3	4	—	—	—	—
Due to drugs and other exogenous toxins	6	2	8	3	1	4	—	—	—	3	1	4	—	—	—	—
With pellagra	—	2	2	—	2	2	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	34	67	101	7	58	65	9	4	13	15	1	16	3	4	4	7
Manic-depressive	141	246	387	72	201	273	55	34	89	13	7	20	1	4	5	3
Involution melancholia	22	61	83	11	52	63	6	5	11	5	1	6	—	3	3	3
Dementia precox	332	295	627	176	251	427	99	33	132	45	4	49	12	7	19	4
Paranoia or paranoid conditions	38	39	77	8	18	26	20	14	34	8	5	13	2	2	4	4
Epileptic psychoses	32	26	58	23	25	48	3	1	4	5	—	5	1	—	1	1
Psychoneuroses and neuroses	15	18	33	10	15	25	4	3	7	1	—	4	—	—	—	—
With psychopathic personality	12	12	24	4	8	12	4	1	5	4	3	9	—	3	3	3
With mental deficiency	44	39	83	27	29	56	10	5	15	6	6	3	1	2	3	3
Undiagnosed psychoses	161	157	318	51	109	160	42	21	63	43	11	54	25	16	41	41
Without psychoses	39	41	80	26	37	63	6	3	9	7	1	8	—	—	—	—
Total	1,643	1,472	3,115	628	1,153	1,781	489	172	661	445	77	522	81	70	151	151

¹ For forms of admission included under regular court commitment see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 101. — *Alcoholic Habits and Psychoses of All Temporary¹ Admissions not followed by Regular Commitment to Hospitals for Mental Diseases² — By Sex.*

PSYCHOSES.	TOTAL.		ABSTINENT.		TEMPERATE.		INTERTEMPERATE.		UNKNOWN.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
	T.		T.		T.		T.		T.	
Traumatic	11	—	3	—	3	—	5	—	—	—
Senile	14	14	7	7	3	4	2	2	2	2
With cerebral arteriosclerosis	73	42	27	38	26	2	17	—	3	3
General paralysis	61	115	13	10	25	2	19	17	4	2
With cerebral syphilis	8	14	2	4	—	3	5	21	—	—
With Huntington's chorea	1	7	1	—	—	—	—	5	1	—
With brain tumor	1	1	1	1	—	—	—	—	—	—
With other brain or nervous diseases	46	25	14	20	23	1	8	—	—	—
Alcoholic	180	22	—	—	—	—	180	10	1	2
Due to drugs and other exogenous toxins	9	8	—	5	2	2	7	202	—	—
With pellagra	—	1	—	1	—	—	—	8	—	—
With other somatic diseases	16	35	7	29	—	6	6	—	1	—
Manic-depressive	99	169	49	142	33	21	15	20	2	1
Involution melancholia	3	11	2	11	1	—	—	—	—	—
Dementia præcox	98	93	54	84	34	7	10	16	—	2
Paranoia or paranoid conditions	40	42	10	34	15	4	14	10	1	2
Epileptic psychoses	38	15	25	13	8	1	4	5	1	—
Psychoneuroses and neuroses	15	37	11	33	4	2	1	1	1	1
With psychopathic personality	17	14	7	14	7	4	4	4	—	—
With mental deficiency	23	24	16	20	—	2	1	2	2	1
Undiagnosed psychoses	212	136	68	109	74	14	60	67	10	6
Without psychoses	277	216	115	164	55	26	98	120	9	4
Diagnosis deferred	18	12	7	9	6	1	3	5	2	—
Total	1,260	938	438	748	325	98	458	68	39	24
										63

¹ Includes temporary care and observation cases. For forms of admission included under temporary care see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 102. — *Marital Condition and Psychoses of First Admissions by Regular Commitment¹ to Hospitals for Mental Diseases² — By Sex.*

PSYCHOSES.	TOTAL.		SINGLE.		MARRIED.		WIDOWED.		SEPARATED.		DIVORCED.		UNKNOWN.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.
Traumatic	13	2	7	1	8	6	1	7	—	—	—	—	—	—
Senile	126	191	22	44	66	51	44	95	—	—	—	—	—	—
With cerebral arteriosclerosis	236	317	37	40	77	120	42	162	48	98	3	3	—	—
General paralysis	158	160	43	2	45	97	30	127	69	70	6	5	3	1
With cerebral syphilis	15	44	6	1	7	7	5	12	14	8	4	4	—	—
With Huntington's chorea	1	3	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	2	2	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	37	4	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic	179	26	17	9	26	17	14	31	1	2	2	2	—	—
Due to drugs and other exogenous toxins	6	2	4	2	4	8	21	102	13	4	6	8	1	1
With pellagra	—	2	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	34	67	7	17	24	20	39	59	—	—	—	—	—	—
Manic-depressive	141	246	57	70	136	74	134	208	6	9	1	3	1	1
Involution melancholia	22	61	4	20	24	15	33	48	2	8	—	—	—	—
Dementia præcox	332	295	251	131	382	220	131	201	4	18	4	6	1	3
Paranoia or paranoid conditions	38	39	10	10	20	22	24	46	2	5	2	2	1	1
Epileptic psychoses	32	26	25	20	45	6	5	11	1	1	—	—	—	—
Psychoneuroses and neuroses	15	18	5	5	10	10	10	20	—	—	—	—	—	—
With psychopathic personality	12	12	6	7	13	6	4	10	—	—	—	—	—	—
With mental deficiency	44	39	40	29	69	4	8	12	—	—	—	—	—	—
Undiagnosed psychoses	161	137	68	48	116	63	74	137	22	25	4	5	1	1
Without psychoses	39	41	30	31	61	6	7	13	1	2	1	—	1	2
Total	1,643	1,472	715	499	1,214	680	632	1,312	189	283	36	30	8	16

¹ For forms of admission included under regular court commitment see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 103. — *Marital Condition and Psychoses of All Temporary¹ Admissions not followed by Regular Commitment to Hospitals for Mental Diseases² — By Sex.*

PSYCHOSES.	TOTAL.		SINGLE.		MARRIED.		WIDOWED.		DIVORCED.		SEPARATED.		UNKNOWN.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
	T.	T.	T.	T.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Traumatic	11	—	4	—	4	—	4	—	2	—	—	—	1	—
Senile	14	28	2	2	4	4	6	4	—	—	—	—	—	—
With cerebral arteriosclerosis	73	42	12	4	16	20	63	14	17	31	—	2	2	2
General paralysis	61	14	23	3	26	32	8	40	3	2	5	1	1	—
With cerebral syphilis	8	7	4	2	6	3	4	7	—	—	—	1	1	1
With Huntington's chorea	1	—	—	—	—	1	—	—	—	—	—	—	—	—
With brain tumor	1	1	1	—	1	1	1	1	—	—	—	—	—	—
With other brain or nervous diseases	46	25	17	8	25	26	13	39	—	—	—	1	—	—
Alcoholic	180	22	63	2	65	95	13	108	14	5	19	5	2	3
Due to drugs and other exogenous toxins	9	8	2	4	6	6	2	8	—	1	1	1	2	—
With pellagra	—	1	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	16	35	4	4	8	9	28	37	3	3	6	—	—	—
Manic-depressive	99	169	44	79	123	53	76	129	1	11	12	1	2	3
Involution melancholia	3	11	—	3	3	2	7	9	1	1	2	—	—	—
Dementia precox	98	93	77	48	125	19	38	57	2	2	2	3	3	1
Paranoia or paranoid conditions	40	42	13	13	26	25	17	42	2	7	9	—	2	2
Epileptic psychoses	38	15	27	5	32	10	7	17	—	1	1	—	2	1
Psychoneuroses and neuroses	15	37	9	13	22	5	20	25	1	3	4	—	1	—
With psychopathic personality	17	14	31	12	21	5	4	9	—	—	—	—	—	—
With mental deficiency	23	24	19	18	37	4	5	9	—	1	1	—	—	—
Undiagnosed psychoses	212	136	110	55	165	83	66	149	8	12	20	7	1	8
Without psychoses	277	216	493	159	292	102	65	167	8	11	19	6	4	10
Diagnosis deferred	18	12	30	3	13	8	5	13	—	2	2	—	—	3
Total	1,260	938	612	408	1,020	541	403	944	62	87	149	29	21	50
												6	16	22

¹ Includes temporary care and observation cases. For forms of admission included under temporary care see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 104. — *Marital Condition and Age of First Admissions by Regular Commitment¹ to Hospitals for Mental Diseases² — By Sex.*

AGE GROUPS.	MALES.						FEMALES.							
	Total.	Single.	Mar-ried.	Widowed.	Di- vorced.	Sepa- rated.	Un- known.	Total.	Single.	Mar- ried.	Widowed.	Di- vorced.	Sepa- rated.	Un- known.
Under 15 years	13	13	—	—	—	—	—	17	17	—	—	—	—	—
15 to 19 years	75	75	—	—	—	—	—	64	59	4	—	—	—	1
20 to 24 years	127	120	7	—	—	—	—	108	73	34	—	—	1	—
25 to 29 years	136	103	30	1	1	—	1	118	54	59	—	2	2	—
30 to 34 years	158	97	58	2	1	—	—	125	47	69	5	2	—	2
35 to 39 years	133	58	70	3	2	—	—	159	38	110	6	1	3	—
40 to 44 years	158	57	80	9	9	3	—	129	27	84	9	6	3	1
45 to 49 years	147	43	94	2	—	7	1	122	30	64	21	3	3	—
50 to 54 years	131	40	80	8	3	—	—	116	31	58	22	3	2	—
55 to 59 years	105	26	53	17	6	2	1	85	22	42	19	—	2	—
60 to 64 years	109	29	54	21	4	—	1	109	22	45	32	7	2	—
65 to 69 years	102	25	49	23	4	1	—	80	19	28	32	1	—	—
70 to 74 years	109	17	52	36	2	1	1	88	26	7	51	3	1	—
75 to 79 years	78	7	35	32	1	—	3	72	15	20	33	2	1	—
80 years and over	62	5	18	35	3	1	—	80	19	8	53	—	—	—
All ages	1,643	715	680	189	36	15	8	1,472	499	632	283	30	20	8

¹ For forms of admission included under regular court commitment see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 105. — *Marital Condition and Age of All Temporary Admissions¹ not followed by Regular Commitment to Hospitals for Mental Diseases²*
— By Sex.

AGE GROUPS.	MALES.						FEMALES.							
	Total.	Single.	Mar- ried.	Widowed.	Di- vorced.	Sepa- rated.	Un- known.	Total.	Single.	Mar- ried.	Widowed.	Di- vorced.	Sepa- rated.	Un- known.
Under 15 years	29	29	—	—	—	—	—	18	18	—	—	—	—	—
15-19 years	101	98	3	—	—	—	—	114	106	8	—	—	—	—
20-24 years	122	106	16	—	—	—	—	99	70	25	—	1	2	1
25-29 years	136	101	32	—	2	—	1	92	47	40	—	2	2	1
30-34 years	160	83	65	4	7	—	1	115	38	69	4	4	—	—
35-39 years	123	43	72	3	2	1	2	140	43	84	3	7	2	1
40-44 years	139	56	74	4	4	1	—	83	25	46	10	1	1	—
45-49 years	106	25	74	5	—	1	1	82	16	44	19	2	1	—
50-54 years	115	29	76	6	4	—	—	73	17	42	10	1	3	—
55-59 years	81	14	54	7	2	2	2	51	11	21	13	1	5	—
60-64 years	67	13	36	13	3	—	—	33	11	13	9	—	—	—
65-69 years	41	12	18	6	4	1	—	19	2	5	10	2	—	—
70-74 years	27	3	15	7	1	—	1	8	2	2	4	—	—	—
75-79 years	6	—	3	3	—	—	—	8	1	3	4	—	—	—
80 years and over	7	—	3	4	—	—	—	3	1	1	1	—	—	—
All ages	1,260	612	541	62	29	6	10	938	408	403	87	21	16	3

¹ Includes temporary care and observation cases. For forms of admission included under temporary care see page 97 of text.

² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 106. — Readmissions by Regular Commitment¹ to Hospitals for Mental Diseases² — By Sex and Psychoses, by Hospitals.

PSYCHOSES.	ALL HOSPITALS.				BOSTON.				PSYCHOPATHIC.				DANVERS.			
	M.		F.		M.		F.		M.		F.		M.		F.	
	T.	F.	T.	F.	T.	F.	T.	F.	T.	F.	T.	F.	T.	F.	T.	F.
Traumatic	3	—	3	—	1	—	1	—	—	—	—	—	—	—	—	—
Senile	4	12	16	—	—	3	—	—	—	—	—	—	—	1	—	—
With cerebral arteriosclerosis	9	10	19	—	2	2	—	—	—	—	—	—	2	5	—	—
General paralysis	8	3	11	—	—	—	—	—	1	—	—	—	1	—	—	—
With cerebral syphilis	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	4	3	7	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic	32	8	40	—	4	2	—	—	—	—	—	—	1	1	—	—
Due to drugs and other exogenous toxins	2	3	5	—	—	—	—	—	—	—	—	—	6	—	—	—
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	3	9	12	—	—	—	—	—	—	—	—	—	—	—	—	—
Manic-depressive	74	126	200	—	14	19	—	—	—	—	—	—	14	15	—	—
Involution melancholia	3	3	15	—	—	—	—	—	—	—	—	—	1	1	—	—
Dementia praecox	94	113	207	—	5	8	—	—	2	1	—	—	22	18	—	—
Paranoia or paranoid conditions	3	11	14	—	—	4	—	—	—	—	—	—	—	—	—	—
Epileptic psychoses	7	16	13	—	1	1	—	—	—	—	—	—	1	1	—	—
Psychoneuroses and neuroses	1	7	8	—	—	—	—	—	—	—	—	—	—	3	—	—
With psychopathic personality	7	3	10	—	2	—	—	—	—	—	—	—	1	—	—	—
With mental deficiency	24	11	35	—	4	1	—	—	—	—	—	—	8	2	—	—
Undiagnosed psychoses	30	23	53	—	5	1	—	—	1	—	—	—	4	2	—	—
Without psychoses	14	3	17	—	—	—	—	—	1	—	—	—	5	—	—	—
Diagnosis deferred	—	2	2	—	—	1	—	—	—	—	—	—	—	—	—	—
Total	322	366	688	—	38	43	81	—	6	13	19	—	67	49	116	—

¹ For forms of admission included under regular court commitment see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 106. — *Readmissions by Regular Commitment¹ to Hospitals for Mental Diseases² — By Sex and Psychoses, by Hospitals — Continued.*

	FOXBOROUGH.			GARDNER.			GRAFTON.			MEDFIELD.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
PSYCHOSES.												
Traumatic	—	—	—	—	—	—	—	—	—	—	—	—
Senile	—	—	—	—	2	2	—	—	—	—	1	1
With cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	1	—	—	—	—	—	—	—	—	—	1	1
With cerebral syphilis	—	1	—	—	—	—	—	—	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	1	—	—	—	—	—	—	—	—	—	—	—
Alcoholic	—	—	—	—	—	—	—	—	—	1	1	2
Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	—	—	—	1	—	—	—	—	—	—	—	—
Manic-depressive	3	9	12	2	2	4	3	—	3	5	11	16
Involution melancholia	—	3	3	—	1	1	—	—	—	—	1	1
Dementia precox	7	12	19	3	3	6	1	1	2	6	4	10
Paranoia or paranoid conditions	1	2	3	—	—	—	—	—	—	1	2	3
Epileptic psychoses	—	—	—	—	—	—	—	1	1	1	1	—
Psychoneuroses and neuroses	—	2	2	1	—	1	—	—	—	—	—	—
With psychopathic personality	1	—	—	—	—	—	—	—	—	—	1	1
With mental deficiency	—	2	2	—	—	—	—	—	—	—	2	3
Undiagnosed psychoses	5	3	8	—	—	—	—	—	—	2	—	2
Without psychoses	—	1	1	—	1	1	—	—	—	1	—	—
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—	—	—
Total	19	36	55	7	9	16	5	2	7	18	25	43

¹ For forms of admission included under regular court commitment see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 106. — Readmissions by Regular Commitment¹ to Hospitals for Mental Diseases² — By Sex and Psychoses, by Hospitals — Continued.

PSYCHOSES.	NORTHAMPTON.			TAUNTON.			WESTBOROUGH.			WORCESTER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	—	—	—	—	—	—	—	—	—	2	—	2
Senile	—	1	1	—	1	1	—	1	—	3	2	5
With cerebral arteriosclerosis	—	1	2	—	—	—	1	1	2	—	—	—
General paralysis	3	1	3	—	—	2	1	1	1	—	1	1
With cerebral syphilis	—	—	—	—	—	—	—	—	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	—	—	—	—	—	1	—	—	—	1	1	2
Alcoholic	6	2	8	—	—	5	5	1	6	2	1	3
Due to drugs and other exogenous toxins	1	1	2	—	—	—	—	—	—	—	—	—
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	—	3	3	—	—	—	—	2	—	—	3	3
Manic-depressive	8	20	28	—	11	15	12	23	35	1	1	2
Involution melancholia	1	1	2	1*	4	5	—	—	—	1	1	2
Dementia praecox	14	13	27	—	8	20	8	22	30	13	17	30
Paranoia or paranoid conditions	—	—	—	1	1	3	—	—	—	—	—	—
Epileptic psychoses	1	—	1	—	1	2	—	—	—	1	—	1
Psychoneuroses and neuroses	—	—	—	—	1	1	—	1	1	—	—	—
With psychopathic personality	—	—	—	—	—	—	2	1	3	—	1	1
With mental deficiency	1	—	1	—	3	4	—	3	—	4	—	4
Undiagnosed psychoses	—	—	—	—	4	9	1	—	1	7	9	16
Without psychoses	—	1	1	—	1	1	—	—	—	2	—	2
Diagnosis deferred	—	1	1	—	—	—	—	—	—	—	—	—
Total	36	44	80	31	38	69	31	56	87	36	37	73

¹ For forms of admission included under regular court commitment see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 107. — Age and Psychoses of Readmissions by Regular Commitment¹ to Hospitals for Mental Diseases² — By Sex.

PSYCHOSES.	TOTAL.			UNDER 15 YEARS.			15-19 YEARS.			20-24 YEARS.			25-29 YEARS.			30-34 YEARS.			35-39 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Senile	4	12	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	9	10	19	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	8	3	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1	4
With cerebral syphilis	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic	32	8	40	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	3	—	3
Due to drugs and other exogenous toxins	2	3	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	3	9	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Manic-depressive	74	126	200	—	2	3	5	6	4	10	19	2	4	14	18	6	13	19	—	2	2
Involution melancholia	3	12	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dementia præcox	94	113	207	—	3	3	6	11	3	14	29	16	13	26	—	17	16	33	—	3	3
Paranoia or paranoid conditions	3	11	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Epileptic psychoses	7	6	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses and neuroses	1	7	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With psychopathic personality	7	3	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	24	11	35	—	2	4	1	5	3	5	2	1	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	30	23	53	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	14	3	17	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diagnosis deferred	—	2	2	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	322	366	688	2	2	4	11	8	19	25	12	37	32	35	67	27	43	70	41	46	87

¹ For forms of admission included under regular court commitment see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 108. — *Condition on Discharge, Psychoses and Age of Regularly Committed¹ Patients discharged from Hospitals for Mental Diseases² — By Sex.*
Recovered.

PSYCHOSES.	TOTAL.		UNDER 15 YEARS.		15-19 YEARS.		20-24 YEARS.		25-29 YEARS.		30-34 YEARS.		35-39 YEARS.		40-44 YEARS.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.
Traumatic	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Senile	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral syphilis	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic	80	10	90	—	—	—	1	1	—	4	1	5	15	1	16	1
Due to drugs and other exogenous toxins	3	—	3	—	—	—	—	—	—	—	—	—	1	—	—	—
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	4	13	17	—	—	—	2	1	3	—	—	—	3	3	—	2
Manic-depressive	64	98	162	1	1	5	7	12	6	9	15	—	8	11	19	7
Involution melancholia	4	5	9	—	—	2	—	—	—	—	—	—	—	—	—	—
Dementia praecox	14	20	34	—	—	1	3	4	3	5	8	—	3	1	4	—
Paranoia and paranoid conditions	1	1	2	—	—	—	—	—	—	—	—	—	1	5	6	—
Epileptic psychoses	—	2	2	—	—	—	—	—	—	—	—	—	1	1	1	—
Psychoneuroses and neuroses	—	4	4	—	—	—	—	—	—	—	—	—	—	2	2	—
With psychopathic personality	1	2	3	—	—	—	—	—	—	—	—	—	—	1	1	—
Mental deficiency	6	—	6	—	—	1	1	—	2	—	—	—	—	—	—	—
Undiagnosed psychoses	5	4	9	—	—	—	—	—	—	—	—	—	1	1	1	—
Without psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total recovered	185	161	346	—	1	1	7	11	18	13	15	28	10	12	22	27
																22
																42

¹ For forms of admission included under regular court commitment see page 97 of text.

² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 108. — *Condition on Discharge, Psychoses and Age of Regularly Committed¹ Patients discharged from Hospitals for Mental Diseases² — By Sex — Continued.*

Recovered — Concluded.

PSYCHOSES.	45-49 YEARS.			50-54 YEARS.			55-59 YEARS.			60-64 YEARS.			65-69 YEARS.			70-74 YEARS.			75-79 YEARS.			80 YEARS AND OVER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Senile	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With cerebral arteriosclerosis	-	-	-	-	-	1	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
General paralysis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With cerebral syphilis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other brain or nervous diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Alcoholic	15	-	15	6	2	8	4	-	4	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Due to drugs and other exogenous toxins	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With pellagra	-	-	-	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other somatic diseases	5	12	17	11	14	25	6	10	16	6	4	10	4	3	7	1	1	-	-	-	-	-	-	-
Manic-depressive	3	-	3	1	1	2	-	2	2	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
Involution melancholia	1	1	2	-	1	1	-	1	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Dementia praecox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paranoia and paranoid conditions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Epileptic psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psychoneuroses and neuroses	-	1	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With psychopathic personality	-	1	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mental deficiency	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Undiagnosed psychoses	2	1	3	-	1	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Without psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Diagnosis deferred	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total recovered	28	16	44	19	22	41	9	14	23	13	5	18	5	5	10	1	-	1	-	-	-	-	-	-

¹ For forms of admission included under regular court commitment see page 97 of text.² Does not include returns from any private hospital except McLean hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 108. — *Condition on Discharge, Psychoses and Age of Regularly Committed¹ Patients discharged from Hospitals for Mental Diseases² — By Sex — Continued.**Improved — Concluded.*

	45-49 YEARS.			50-54 YEARS.			55-59 YEARS.			60-64 YEARS.			65-69 YEARS.			70-74 YEARS.			75-79 YEARS.			80 YEARS AND OVER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
PSYCHOSES.																								
Traumatic	3	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Senile	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With cerebral arteriosclerosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
General paralysis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With cerebral syphilis	6	2	8	4	1	5	4	2	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With Huntington's chorea	-	3	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other brain or nervous diseases	1	-	1	1	2	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Alcoholic	13	1	14	4	1	5	14	1	15	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-
Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other somatic diseases	2	3	5	-	1	4	5	2	-	1	2	3	2	1	3	-	-	-	-	-	-	-	-	-
Manic-depressive	8	24	32	14	15	29	9	12	21	8	6	14	2	2	4	1	2	3	-	1	1	-	-	-
Involution melancholia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dementia praecox	1	4	5	2	7	9	3	6	9	3	2	5	-	2	2	-	-	-	-	-	-	-	-	-
Paranoia or paranoid conditions	4	17	21	3	13	16	1	4	5	1	4	5	-	-	-	-	-	-	-	-	-	-	-	-
Epileptic psychoses	1	5	6	-	7	7	-	2	2	2	2	4	-	-	-	-	-	-	-	-	-	-	-	-
Psychoneuroses and neuroses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With psychopathic personality	1	1	2	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With mental deficiency	1	2	3	-	1	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Undiagnosed psychoses	3	4	7	-	3	3	3	1	4	1	2	3	1	-	1	-	-	-	-	-	-	-	-	-
Without psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Diagnosis deferred	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total improved	45	66	111	32	59	91	38	32	70	32	31	63	19	14	33	5	8	13	8	7	15	3	1	4

¹ For forms of admission included under regular court commitment see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 108. — *Condition on Discharge, Psychoses and Age of Regularly Committed*¹ *Patients discharged from Hospitals for Mental Diseases*² —
By Sex — Concluded.

Otherwise Discharged — Conclud_d.

PSYCHOSES.																					
45-49 YEARS.			50-54 YEARS.			55-59 YEARS.			60-64 YEARS.			70-74 YEARS.			75-79 YEARS.			80 YEARS AND OVER.			
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
-	1	1	-	1	1	-	-	-	-	-	-	-	-	-	-	2	2	-	1	1	
-	1	1	-	1	1	1	1	1	-	1	3	-	-	-	-	3	2	3	1	1	
-	1	1	-	-	-	-	-	-	2	1	-	-	-	-	-	-	1	2	2	3	
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
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1 For forms of admission included under regular court commitment see page 97 of text.

² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 109. — *Economic Condition and Total Duration of Hospital Stay of All Patients Discharged*¹ *from State Hospitals for Mental Diseases*
— *By Sex.*

ECONOMIC CONDITION.						TOTAL.		UNDER 1 MONTH.		1 MONTH.		2 MONTHS.		3 MONTHS.		4 MONTHS.		5 MONTHS.		
						M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
.	.	.	.	.	.	88	103	191	23	34	57	16	7	23	1	-	1	1	-	1
Dependent .	.	.	.	.	.	1,961	1,612	3,573	1,036	790	1,826	148	89	237	34	22	56	24	18	42
Marginal .	.	.	.	.	.	112	115	227	19	9	28	8	3	11	10	6	16	6	4	10
Comfortable .	.	.	.	.	.	13	15	28	7	3	10	3	2	5	-	-	-	1	-	-
Unknown .	.	.	.	.	.															
Totals .	.	.	.	.	.	2,174	1,845	4,019	1,085	836	1,921	175	101	276	45	29	74	31	28	59
																		25	12	37

TABLE 109. — *Economic Condition and Total Duration of Hospital Stay of All Patients Discharged¹ from State Hospitals for Mental Diseases*
— *By Sex — Concluded.*

ECONOMIC CONDITION.																								
	6 MONTHS.			7-11 MONTHS.			1 YEAR.			2 YEARS.			3 YEARS.			4 YEARS.			5-9 YEARS.			10 YEARS AND OVER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent	.	.	.	3	1	4	20	25	45	4	9	13	4	8	12	-	-	-	9	10	19	1	5	6
Marginal	.	.	.	39	34	73	390	398	788	104	101	205	49	45	94	32	21	53	44	39	83	10	19	29
Comfortable	.	.	.	3	2	5	35	48	83	11	7	18	2	6	8	1	4	5	2	9	11	5	5	5
Unknown	.	.	.	-	-	-	2	5	7	-	1	1	-	-	-	-	1	1	-	2	2	-	-	-
Totals	.	.	.	49	40	89	447	476	923	119	118	237	55	59	114	33	26	59	55	60	115	11	29	40

¹ Includes discharges from Regular Commitment, Temporary Care, Observation and Voluntary Admissions. For forms of admissions included in the preceding, see page 97 of text.

² Does not include returns from any private hospital except McLean Hospital and patients in family care under the Department of Mental Diseases. Does not include patients discharged by transfer or by reason of death.

TABLE 110. — *Age and Psychoses of Regularly Committed Cases Discharged¹ from State Hospitals for Mental Diseases² — By Sex.*

PSYCHOSES.	TOTAL.			UNDER 15 YEARS.			15-19 YEARS.			20-24 YEARS.			25-29 YEARS.			30-34 YEARS.			35-39 YEARS.			40-44 YEARS.		
	M. F.		T.	M. F.		T.	M. F.		T.	M. F.		T.	M. F.		T.	M. F.		T.	M. F.		T.	M. F.		T.
Traumatic	11	1	12	-	-	-	-	-	2	2	-	2	2	-	2	1	1	2	1	1	1	1	-	1
Senile	9	22	31	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With cerebral arteriosclerosis	48	35	83	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
General paralysis	42	11	53	-	-	-	-	-	1	3	-	1	3	1	3	5	1	6	7	2	9	10	4	
With cerebral syphilis	3	5	8	-	-	-	-	-	1	1	-	-	1	1	1	-	-	-	2	2	-	-	-	
With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With brain tumor	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With other brain or nervous diseases	13	12	25	1	1	2	2	3	1	2	3	1	1	1	12	2	3	5	1	1	2	2	2	
Alcoholic	158	16	174	1	1	2	1	1	1	1	1	1	11	1	23	2	25	3	32	1	33	23	4	
Due to drugs and other exogenous toxins	6	3	9	-	-	-	-	-	-	-	-	-	1	1	2	1	3	1	-	-	2	-	2	
With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With other somatic diseases	19	42	61	-	-	-	-	-	1	2	1	3	2	5	7	1	3	4	2	8	10	1	9	
Manic-depressive	153	268	421	1	1	2	8	16	24	14	25	39	8	28	36	14	27	41	14	29	43	15	33	
Involution melancholia	14	33	47	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	2	2	
Dementia precox	220	256	476	-	-	-	-	-	28	21	49	39	42	81	52	32	84	32	34	39	73	17	27	
Paranoia or paranoid conditions	12	9	21	-	1	1	2	2	4	1	1	3	1	3	3	1	4	2	2	3	3	3	6	
Epileptic psychoses	10	16	26	-	-	-	1	1	1	2	1	3	1	1	2	1	3	1	1	2	2	1		
Psychoneuroses and neuroses	20	13	33	-	-	-	3	2	5	3	4	7	5	2	7	3	6	3	1	4	5	2	2	
With psychopathic personality	29	21	50	-	-	-	7	1	8	4	2	6	4	3	7	5	10	3	3	4	7	2	2	
With mental deficiency	33	36	69	-	-	-	2	1	3	4	5	9	3	4	9	3	4	5	3	4	7	5	6	
Undiagnosed psychoses	39	17	56	-	-	-	6	4	10	6	2	8	7	1	8	1	9	1	2	2	4	4	11	
Without psychoses	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	9	1	1	1	1	2	2	
Diagnosis deferred	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total	854	843	1,697	3	5	8	59	51	110	79	85	164	106	79	185	106	93	199	106	97	203	89	93	
																							182	

¹ Includes cases discharged from regular commitment only. For forms of admission included under regular court commitment see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 110. — Age and Psychoses of Regularly Committed Cases Discharged¹ from State Hospitals for Mental Diseases² — By Sex — Concluded.

PSYCHOSES.	45-49 YEARS.			50-54 YEARS.			55-59 YEARS.			60-64 YEARS.			65-69 YEARS.			70-74 YEARS.			75-79 YEARS.			80 YEARS AND OVER.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Traumatic	3	-	3	-	1	1	-	1	5	6	1	1	1	4	5	9	1	1	5	6	-	-	-	-	-
Senile	-	1	1	-	1	5	-	4	4	4	-	8	4	4	4	1	-	4	4	4	1	-	4	7	
With cerebral arteriosclerosis	6	3	9	4	4	4	6	1	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
General paralysis	3	3	3	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With cerebral syphilis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With Huntington's chorea	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With brain tumor	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With other brain or nervous diseases	1	1	2	1	2	3	13	18	2	20	7	2	7	2	7	5	-	5	-	-	-	-	-	-	
Alcoholic	29	2	31	10	3	13	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Due to drugs and other exogenous toxins	1	-	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With other somatic diseases	2	4	6	2	6	8	16	24	40	2	3	5	2	4	1	2	4	1	2	4	1	1	1	1	
Manic-depressive	15	36	51	26	29	55	3	9	12	3	8	10	1	1	2	2	4	1	2	2	4	1	1	1	
Involution melancholia	4	6	10	3	10	13	3	9	12	3	8	10	1	1	2	2	4	1	2	2	4	1	1	1	
Dementia precox	9	24	33	5	15	20	1	6	7	2	3	5	1	1	2	3	5	1	2	3	5	1	1	1	
Paranoia or paranoid conditions	3	6	9	-	8	8	1	5	5	5	3	2	5	3	2	5	1	-	-	-	-	-	-	-	
Epileptic psychoses	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Psychoneuroses and neuroses	1	1	2	1	2	3	1	2	3	-	-	2	2	-	-	2	2	-	-	-	-	-	-	-	
With psychopathic personality	1	3	4	1	1	1	1	2	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With mental deficiency	2	5	7	1	1	2	2	2	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Undiagnosed psychoses	5	6	11	1	4	5	3	2	5	1	2	3	1	2	3	1	2	3	1	1	1	1	1	1	
Without psychoses	-	-	-	1	1	1	3	2	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Diagnosis deferred	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total	82	101	183	57	89	146	58	57	115	50	45	95	34	20	54	10	13	23	10	11	21	5	4	9	

¹ Includes cases discharged from regular commitment only. For forms of admission included under regular court commitment see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 111. — *Causes of Death and Psychoses of All Regularly Committed Patients who Died¹ in Hospitals for Mental Diseases² — By Sex.*

	TOTAL.		SENILE.		WITH CEREBRAL ARTERIO-SCLEROSIS.		GENERAL PARALYSIS.		ALCOHOLIC.		MANIC-DEPRESSIVE.		INVOLUTION MELANCHOLIA.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
I. <i>Epidemic, Endemic and Infectious Diseases:</i>														
Diphtheria	1	—	1	—	—	—	—	—	—	—	—	—	—	—
Influenza	—	3	—	1	—	—	—	—	—	—	—	—	—	—
Dysentery	2	4	1	2	—	—	—	—	—	—	—	—	—	—
Erysipelas	6	9	1	1	—	—	—	—	—	—	—	—	—	—
Lethargic encephalitis	2	2	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of the respiratory system	62	70	1	6	—	—	—	—	—	—	—	—	—	—
Tuberculosis of other organs	12	15	2	2	—	—	—	—	—	—	—	—	—	—
Syphilis (non-nervous forms)	5	2	—	—	—	—	—	—	—	—	—	—	—	—
Purulent infection, septicaemia	4	5	1	—	—	—	—	—	—	—	—	—	—	—
Other infectious diseases	1	2	1	—	—	—	—	—	—	—	—	—	—	—
II. <i>General Diseases not Included in Class I:</i>														
Cancer and other malignant tumors	33	31	1	4	4	3	1	—	7	—	4	1	5	1
Rheumatism	—	1	—	1	—	—	—	—	—	—	—	—	—	—
Pellagra	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Diabetes	1	7	—	1	1	2	—	—	—	—	—	—	—	—
Alcoholism (acute or chronic)	3	—	—	—	—	—	—	—	3	—	—	—	—	—
Other general diseases	19	24	5	12	4	2	6	—	1	—	1	1	2	1
III. <i>Diseases of the Nervous System:</i>														
Meningitis (non-epidemic)	3	2	1	—	1	—	—	—	—	—	—	—	—	—
Other diseases of spinal cord	2	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebral hemorrhage, apoplexy	40	64	7	14	19	21	40	1	3	—	2	3	5	—
General paralysis of the insane	115	36	—	—	—	1	1	109	31	140	—	—	—	3
Other forms of mental disease	3	9	—	—	—	—	—	—	—	—	—	—	—	—
Epilepsy	15	14	—	—	—	—	—	—	—	—	—	—	—	—
Chorea	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of the nervous system	14	10	1	2	1	—	1	—	1	—	3	2	5	1
IV. <i>Diseases of the Circulatory System:</i>														
Endocarditis and myocarditis	147	140	27	31	44	20	64	1	21	1	7	11	18	3
Angina pectoris	2	2	—	—	—	—	—	—	—	—	—	—	—	10
Other diseases of the heart	—	2	—	—	—	—	—	—	—	—	—	—	—	13
Arteriosclerosis	179	181	46	47	92	94	186	1	11	1	3	5	8	1
Other diseases of the arteries	2	2	—	—	—	—	—	—	1	—	—	—	—	5
Other diseases of the circulatory system	—	4	—	1	—	—	—	—	—	—	—	—	—	6

¹ Includes patients on regular commitment only. For forms of admission included under regular court commitment see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 112. — *Age at Death and Psychoses of Regularly Committed Patients who Died¹ in Hospitals for Mental Diseases² — By Sex.*

PSYCHOSES.	TOTAL.			UNDER 15 YEARS.			15-19 YEARS.			20-24 YEARS.			25-29 YEARS.			30-34 YEARS.			35-39 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Senile	118	167	285	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With cerebral arteriosclerosis	190	158	348	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
General paralysis	117	40	157	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With cerebral syphilis	11	5	16	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With Huntington's chorea	-	5	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With brain tumor	1	3	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other brain or nervous diseases	14	17	31	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Alcoholic	69	9	78	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With pellagra	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other somatic diseases	28	30	58	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Manic-depressive	32	55	87	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Involution melancholia	14	28	42	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dementia præcox	128	181	309	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paranoia or paranoid conditions	6	12	18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Epileptic psychoses	24	21	45	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psychoneuroses and neuroses	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With psychopathic personality	2	2	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With mental deficiency	18	17	35	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Undiagnosed psychoses	43	35	78	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Without psychoses	5	16	21	1	2	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	821	805	1,626	1	3	4	3	10	13	11	11	22	25	9	34	24	22	46	39	44	83

¹ For forms of admission included under regular court commitment see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 112. — *Age at Death and Psychoses of Regularly Committed Patients who Died¹ in Hospitals for Mental Diseases² — By Sex — Concluded.*

PSYCHOSES.	40-44 YEARS.			45-49 YEARS.			50-54 YEARS.			55-59 YEARS.			60-64 YEARS.			65-69 YEARS.			70 YEARS AND OVER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	-	-	-	-	1	1	-	1	2	-	2	-	-	-	-	-	15	17	32	-	-
Scuffle	-	-	-	-	2	2	-	6	12	-	9	7	16	25	15	40	43	26	69	100	135
With cerebral arteriosclerosis	22	4	26	21	8	29	16	4	20	11	4	4	15	10	4	14	7	4	11	4	3
General paralysis	2	-	-	2	2	-	-	-	-	3	2	2	5	2	1	3	-	1	4	1	1
With cerebral syphilis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	-	-
With Huntington's chorea	1	-	-	-	-	-	-	1	1	-	-	-	-	-	1	1	-	-	-	-	-
With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other brain or nervous diseases	1	4	5	3	1	4	1	-	1	3	1	4	4	1	2	3	1	3	4	2	1
Alcoholic	3	1	4	6	1	7	4	-	4	9	2	11	11	10	4	14	17	1	18	16	-
Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With pellagra	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other somatic diseases	1	5	6	4	2	6	1	3	4	6	5	11	10	3	5	8	6	2	8	3	4
Manic-depressive	1	2	3	3	6	9	5	13	15	6	4	10	10	3	5	10	6	4	10	6	12
Involution melancholia	-	-	-	3	-	3	5	5	10	4	6	10	10	1	1	11	1	1	2	2	5
Dementia praecox	10	20	30	13	17	30	21	24	24	14	11	25	15	15	12	27	7	22	29	23	41
Paranoia or paranoid conditions	-	2	-	3	3	3	1	4	5	1	2	3	3	2	3	5	3	2	2	2	1
Epileptic psychoses	2	2	4	4	4	8	5	5	5	4	1	5	5	2	3	5	3	2	3	2	3
Psychoneuroses and neuroses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With psychopathic personality	-	2	3	3	1	1	-	-	-	-	-	-	-	-	1	1	-	-	-	2	1
With mental deficiency	4	3	7	10	3	13	4	5	9	2	1	1	3	2	4	6	1	2	3	4	4
Undiagnosed psychoses	-	-	-	-	2	2	-	-	-	2	2	2	4	1	2	3	1	2	3	16	6
Without psychoses	-	-	-	-	-	-	-	-	-	2	2	2	4	1	2	3	-	-	-	-	2
Total	50	44	94	72	53	125	50	66	116	76	51	127	77	82	159	108	89	197	285	321	606

¹ For forms of admission included under regular court commitment see page 97 of text.

² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 113. — *Duration of Hospital Residence during this Admission and Psychoses of All Regularly Committed Patients who Died¹ in Hospitals for Mental Diseases² — By Sex.*

PSYCHOSES.	TOTAL.			LESS THAN 1 MONTH.			1-3 MONTHS.			4-7 MONTHS.			8-11 MONTHS.			1-2 YEARS.			3-4 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	1	1	2	—	1	1	1	—	1	1	2	—	—	—	—	—	—	—	—	—	—
Senile	118	167	285	20	20	40	19	34	53	14	15	29	10	17	27	30	45	75	14	10	24
With cerebral arteriosclerosis	190	158	348	41	32	73	41	27	68	32	18	50	16	12	28	38	40	78	13	15	28
General paralysis	117	40	157	15	4	19	25	7	32	12	5	17	7	2	9	34	9	43	16	9	25
With cerebral syphilis	11	5	16	—	2	2	—	3	—	2	—	2	1	—	1	4	—	4	1	—	2
With Huntington's chorea	—	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	—	1	1
With brain tumor	1	3	4	—	1	1	1	1	2	—	—	—	—	—	—	—	1	1	—	—	—
With other brain or nervous diseases	14	17	31	3	4	7	3	1	4	1	—	1	—	—	—	3	8	11	1	1	2
Alcoholic	69	9	78	8	1	9	4	1	5	7	1	8	3	—	3	5	1	6	5	2	7
Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With pellagra	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	28	30	58	9	10	19	9	12	21	6	1	7	—	1	1	2	4	6	2	1	3
Manic-depressive	32	55	87	5	12	17	4	3	7	4	5	9	2	3	5	7	8	15	3	3	3
Involution melancholia	14	28	42	—	2	2	2	3	6	3	3	3	1	1	2	5	6	11	3	2	5
Dementia precox	128	181	309	4	5	9	5	5	2	7	2	4	6	3	7	10	21	33	10	30	30
Paranoia or paranoid conditions	6	12	18	—	—	—	1	—	1	—	1	1	—	—	—	2	4	6	1	3	4
Epileptic psychoses	24	21	45	3	1	4	—	—	—	—	—	—	—	1	2	3	1	4	2	4	6
Psychoneuroses and neuroses	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—
With psychopathic personality	2	2	4	—	—	—	—	1	1	1	—	—	—	—	—	1	—	1	—	—	—
With mental deficiency	18	17	35	—	—	—	—	1	1	—	—	—	—	—	—	3	2	5	1	5	6
Undiagnosed psychoses	43	35	78	26	12	38	13	11	24	1	4	5	1	2	3	2	2	4	1	1	1
Without psychoses	5	16	21	—	1	1	—	1	1	—	—	—	—	—	—	—	—	3	1	2	3
Total	821	805	1,626	134	110	244	132	105	237	82	57	139	45	46	91	151	158	309	70	80	150

¹ For forms of admission included under regular court commitment see page 97 of text.

² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

NOTE. — The bulk of cases "Without psychoses" is made up of the diagnoses "Epilepsy, without psychosis," and "Mental deficiency, without psychosis." The mental and physical condition of these patients is such that a return to the community is not for their best interests.

TABLE 113. — *Duration of Hospital Residence during this Admission and Psychoses of All Regularly Committed Patients who Died¹ in Hospitals for Mental Diseases² — By Sex — Concluded.*

PSYCHOSES.	5-6 YEARS.		7-8 YEARS.		9-10 YEARS.		11-12 YEARS.		13-14 YEARS.		15-19 YEARS.		20 YEARS AND OVER.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Traumatic	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Senile	3	14	2	17	2	3	—	1	—	—	—	—	3	—
With cerebral arteriosclerosis	5	7	1	12	2	1	—	3	—	—	—	—	1	—
General paralysis	2	3	2	5	—	—	—	—	—	—	—	—	1	—
With cerebral syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	1	1	2	2	—	—	—	—	—	—	—	—	—	—
Alcoholic	5	5	7	1	3	—	2	2	4	1	9	1	7	1
Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Manic-depressive	1	4	2	5	—	—	—	—	—	—	—	—	—	—
Involution melancholia	2	—	1	—	1	—	—	—	—	—	—	—	—	—
Dementia præcox	9	11	12	20	10	25	8	16	9	18	11	23	33	34
Paranoia or paranoid conditions	1	—	1	—	2	1	—	—	—	—	—	—	1	—
Epileptic psychoses	3	5	4	—	2	—	1	2	—	—	3	—	2	—
Psychoneuroses and neuroses	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	1	2	2	3	—	1	2	—	1	—	2	4	6	—
Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	—	2	1	2	—	—	—	—	1	—	1	—	1	—
Total	31	53	36	84	20	33	15	32	16	21	31	44	58	110

¹ For forms of admission included under regular court commitment see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

NOTE. — The bulk of cases "Without psychoses" is made up of the diagnoses "Epilepsy, without psychosis," and "Mental deficiency, without psychosis." The mental and physical condition of these patients is such that a return to the community is not for their best interests.

TABLE 114. — *Duration of Hospital Residence during All Admissions and Psychoses of All Regularly Committed Patients who Died¹ in Hospitals for Mental Diseases² — By Sex.*

PSYCHOSES.	TOTAL.		LESS THAN 1 MONTH.		1-3 MONTHS.		4-7 MONTHS.		8-11 MONTHS.		1-2 YEARS.		3-4 YEARS.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.
Traumatic	1	1	2	2	1	1	1	1	1	1	1	1	1	1
Senile	118	167	285	285	21	19	40	40	8	16	31	45	14	10
With cerebral arteriosclerosis	190	158	348	348	28	31	69	69	17	11	38	43	13	14
General paralysis	117	40	157	157	12	4	16	16	8	8	34	15	19	6
With cerebral syphilis	11	5	16	16	—	2	2	2	1	1	4	4	1	1
With Huntington's chorea	—	5	5	5	—	—	—	—	—	—	—	1	—	—
With brain tumor	1	3	4	4	1	1	2	—	—	—	—	1	—	—
With other brain or nervous diseases	14	17	31	31	3	4	6	—	—	—	4	7	1	2
Alcoholic	69	9	78	78	7	1	8	1	3	3	5	5	3	1
Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With pellagra	—	1	1	1	—	1	1	—	—	—	—	—	—	—
With other somatic diseases	28	30	58	58	9	9	18	18	7	1	3	6	2	1
Manic-depressive	32	55	87	87	4	7	11	11	—	2	7	8	1	2
Involution melancholia	14	28	42	42	—	—	—	—	—	2	2	5	1	2
Dementia præcox	128	181	309	309	4	5	9	9	3	3	6	11	3	2
Paranoia and paranoid conditions	6	12	18	18	—	—	—	—	2	4	3	6	7	12
Epileptic psychoses	24	21	45	45	2	2	2	2	1	1	1	2	2	3
Psychoneuroses and neuroses	—	2	2	2	—	1	1	—	—	—	—	—	—	—
With psychopathic personality	2	2	4	4	1	1	1	1	—	—	—	—	—	—
With mental deficiency	18	17	35	35	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	43	35	78	78	19	11	30	26	3	4	7	3	2	4
Without psychoses	5	16	21	21	—	1	1	3	—	—	—	—	—	—
Total	821	805	1,626	1,626	120	98	218	237	80	58	138	149	157	306
					137	100	237		42	40	82	69	65	134

¹ For forms of admission included under regular court commitment see page 97 of text.

² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

NOTE. — The bulk of cases "Without psychoses" is made up of the diagnoses "Epilepsy, without psychosis," and "Mental deficiency, without psychosis." The mental and physical condition of these patients is such that a return to the community is not for their best interests.

TABLE 114. — *Duration of Hospital Residence during All Admissions and Psychoses of All Regularly Committed Patients who Died¹ in Hospitals for Mental Diseases² — By Sex — Concluded.*

PSYCHOSES.	5-6 YEARS.			7-8 YEARS.			9-10 YEARS.			11-12 YEARS.			13-14 YEARS.			15-19 YEARS.			20 YEARS AND OVER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	3	13	16	1	4	5	1	3	4	1	1	2	1	1	1	1	3	1	1	4	4
Senile	5	7	12	1	1	2	1	2	6	1	1	1	1	1	1	6	1	3	1	3	4
With cerebral arteriosclerosis	2	2	4	2	1	3	1	2	2	1	1	2	1	2	1	1	1	1	1	1	1
General paralysis	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With cerebral syphilis	1	2	3	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With Huntington's chorea	1	2	3	2	2	4	2	2	4	1	1	2	1	1	1	15	10	2	12	12	12
With brain tumor	1	2	3	2	2	4	2	2	4	2	2	4	3	1	4	15	10	2	12	12	12
With other brain or nervous diseases	6	2	8	4	4	8	2	2	4	2	2	4	3	1	4	15	10	2	12	12	12
Alcoholic	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Due to drugs and other exogenous toxins	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With pellagra	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With other somatic diseases	7	7	14	3	1	4	1	1	2	1	1	4	1	2	2	3	3	4	8	12	12
Manic-depressive	3	3	6	1	2	3	1	1	1	1	1	1	1	2	2	1	1	6	6	6	6
Involution melancholia	5	12	17	11	6	17	14	15	29	7	8	15	5	10	15	14	24	38	45	63	108
Dementia præcox	1	1	2	1	1	2	1	1	1	2	1	3	1	1	1	1	1	2	2	1	1
Paranoia and paranoid conditions	2	3	5	3	3	6	2	2	4	2	1	3	1	1	2	1	2	4	4	5	9
Epileptic psychoses	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Psychoneuroses and neuroses	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	3	2	5	6	4	10
With psychopathic personality	3	3	6	2	1	3	1	1	2	1	1	1	1	1	1	3	2	5	6	4	10
With mental deficiency	2	2	4	1	1	2	1	1	1	1	1	1	1	1	1	1	2	2	2	1	1
Undiagnosed psychoses	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1	2	2	3	5
Without psychoses	26	59	85	30	24	54	26	28	54	15	18	33	10	18	28	41	42	83	76	98	174
Total	26	59	85	30	24	54	26	28	54	15	18	33	10	18	28	41	42	83	76	98	174

¹ For forms of admission included under regular court commitment see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

NOTE. — The bulk of cases "Without psychoses" is made up of the diagnoses "Epilepsy, without psychosis," and "Mental deficiency, without psychosis." The mental and physical condition of these patients is such that a return to the community is not for their best interests.

TABLE 115. — *Average Age at Death of Regularly Committed¹ Patients Dying in Mental Hospitals² — By Sex and Psychoses.*

	PSYCHOSES.	NUMBER OF DEATHS.				AVERAGE AGE AT DEATH — YEARS.			
		M.	F.	T.		M.	F.	T.	
Traumatic	.	1	1	2		32.50	47.50	40.00	
Senile	.	118	167	285		77.11	77.08	77.09	
With cerebral arteriosclerosis	.	190	158	348		71.21	72.27	71.66	
General paralysis	.	117	40	157		48.69	51.25	49.34	
With cerebral syphilis	.	11	5	16		48.41	63.50	53.12	
With Huntington's chorea	.	—	5	5		—	66.50	66.50	
With brain tumor	.	1	3	4		42.50	45.83	43.00	
With other brain or nervous diseases	.	14	17	31		53.57	46.91	49.91	
Alcoholic	.	69	9	78		60.90	58.05	60.57	
Due to drugs and other exogenous toxins	.	—	—	—		—	—	—	
With pellagra	.	—	1	1		—	42.50	42.50	
With other somatic diseases	.	28	30	58		53.39	52.92	52.92	
Manic-depressive	.	32	55	87		56.71	54.59	55.36	
Involution melancholia	.	14	28	42		54.64	60.71	58.69	
Dementia præcox	.	128	181	309		50.42	54.23	52.66	
Paranoia and paranoid conditions	.	6	12	18		56.66	56.25	56.38	
Epileptic psychoses	.	24	21	45		50.00	44.88	47.61	
Psychoneuroses and neuroses	.	—	2	2		—	50.00	50.00	
With psychopathic personality	.	2	2	4		72.50	60.00	66.25	
With mental deficiency	.	18	17	35		49.44	55.14	52.21	
Undiagnosed psychoses	.	43	35	78		57.73	51.64	55.00	
Without psychoses	.	5	16	21		43.50	41.25	41.78	
Total	.	821	805	1,626		59.13	59.95	59.53	

¹ For forms of admission included under regular court commitment see page 97 of text.² Does not include returns from any private hospital except McLean Hospital, patients in family care under the Department of Mental Diseases, or transfers.

TABLE 116. — Age, in Certain Psychoses, of All Patients Resident in Hospitals for Mental Diseases¹ on September 30, 1928 — By Hospital and Sex.

HOSPITALS.		SENILE.																																	
		TOTAL.		UNDER 50 YEARS.		50-54 YEARS.		55-59 YEARS.		60-64 YEARS.		65-69 YEARS.		70-74 YEARS.		75-79 YEARS.		80-84 YEARS.		85-89 YEARS.		90 YEARS PLUS.													
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.										
Boston State	34	116	150	-	-	-	-	-	-	1	2	3	3	11	14	5	24	29	8	20	28	8	27	35	4	22	26	4	5	9	1	5	6		
Boston Psychopathic.	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Danvers	25	61	86	-	1	1	-	1	1	1	2	3	4	7	8	15	13	15	3	9	12	8	19	27	-	1	13	14	-	5	7	-	1	2	
Foxborough	10	28	38	-	-	-	-	-	-	1	1	2	1	2	3	6	9	13	5	5	9	2	6	8	-	1	5	6	-	1	1	-	-	1	
Gardner	16	13	29	-	1	1	-	1	1	1	1	1	1	1	1	3	3	4	5	4	6	4	3	4	-	-	-	-	-	-	-	-	-	-	
Grafton	2	8	10	-	-	-	-	-	-	-	-	-	-	-	-	1	4	5	2	2	4	2	1	3	-	-	-	-	-	-	-	-	-	-	
Medfield	7	12	19	-	1	1	-	1	-	-	-	-	-	-	-	1	2	2	1	15	16	5	5	3	-	1	2	3	-	-	-	-	-	2	
Northampton	6	39	45	-	-	-	-	-	-	-	-	-	1	2	3	10	8	10	7	12	19	5	14	19	-	3	11	14	1	3	4	5	1	2	1
Taunton	21	48	69	-	-	-	-	-	-	1	1	2	-	1	1	2	8	10	7	12	19	5	14	19	-	3	11	14	1	3	4	5	1	2	1
Westborough	9	51	60	-	-	-	-	-	-	1	1	4	5	8	11	11	12	13	7	12	17	8	10	14	-	10	14	1	4	4	5	1	2	2	
Worcester	35	73	108	-	-	-	-	-	-	1	-	4	4	9	13	4	10	14	15	22	37	9	11	20	-	1	11	12	1	4	5	-	-	-	
Monson	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
McLean	3	2	5	-	-	-	-	-	-	-	-	-	-	-	-	3	10	-	1	1	1	1	-	-	-	1	1	3	5	1	1	-	-	1	
Bridgewater	9	-	9	-	-	-	-	-	-	1	-	-	-	-	-	7	-	-	7	8	15	3	8	11	-	2	3	5	-	-	-	-	-	-	
Tewksbury	22	24	46	-	-	-	-	-	-	-	-	1	2	-	-	3	10	-	7	-	-	-	-	-	-	1	1	3	-	-	-	-	-	-	
Total	199	476	675	-	2	2	5	2	7	16	39	55	41	80	121	53	114	167	41	102	143	18	81	99	12	27	39	4	15	19	4	15	19		

¹ Does not include returns from any private hospital except McLean Hospital and patients in family care under the Department of Mental Diseases.

TABLE 116. — Age, in Certain Psychoses, of All Patients Resident in Hospitals for Mental Diseases¹ on September 30, 1928 — By Hospital and Sex — Continued.

CEREBRAL ARTERIOSCLEROSIS.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
TOTAL.		UNDER 50 YEARS.		50-54 YEARS.		55-59 YEARS.		60-64 YEARS.		65-69 YEARS.		70-74 YEARS.		75-79 YEARS.		80-84 YEARS.		85-89 YEARS.		90 YEARS PLUS.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
71	69	140	3	2	5	4	3	7	10	7	17	11	14	25	17	7	24	16	18	34	9	12	21	1	6	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

¹ Does not include returns from any private hospital except McLean Hospital and patients in family care under the Department of Mental Diseases.

TABLE 116. — Age, in Certain Psychoses, of All Patients Resident in Hospitals for Mental Diseases¹ on September 30, 1928 — By Hospital and Sex — Continued.

HOSPITALS.	GENERAL PARALYSIS.											
	TOTAL.			UNDER 25 YEARS.			25-29 YEARS.			30-34 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	53	9	62	—	—	—	1	—	1	1	—	1
Boston Psychopathic	11	—	11	—	—	—	—	—	—	—	—	—
Danvers	52	22	74	—	—	—	—	2	4	3	—	3
Foxborough	29	7	36	—	—	—	1	—	1	1	—	1
Gardner	9	3	12	1	—	1	—	—	—	—	—	—
Grafton	4	1	5	—	—	—	—	—	—	—	—	—
Medfield	6	5	11	—	—	—	—	—	—	—	—	—
Northampton	34	4	38	—	—	—	—	—	—	3	—	3
Taunton	40	15	55	2	—	2	1	—	1	4	1	5
Westborough	24	8	32	—	—	—	1	—	1	1	—	1
Worcester	48	26	74	1	—	1	5	5	—	4	—	9
Monson	—	—	—	—	—	—	—	—	—	—	—	—
McLean	1	1	2	—	—	—	—	—	—	—	—	—
Bridgewater	1	—	1	—	—	—	—	—	—	1	—	1
Tewksbury	7	3	10	—	—	—	—	—	—	1	—	1
Total	319	104	423	5	—	5	6	7	13	22	8	30
										55	20	75
										69	13	82
										61	16	77

¹ Does not include returns from any private hospital except McLean Hospital and patients in family care under the Department of Mental Diseases.

TABLE 116. — *Age, in Certain Psychoses, of All Patients Resident in Hospitals for Mental Diseases¹ on September 30, 1928 — By Hospital and Sex — Continued.*

HOSPITALS.	GENERAL PARALYSIS — CON.																				
	50-54 YEARS.			55-59 YEARS.			60-64 YEARS.			65-69 YEARS.			70-74 YEARS.			75-79 YEARS.			80 YEARS PLUS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	9	1	10	6	1	7	3	2	5	5	—	5	—	—	—	—	—	—	—	—	—
Boston Psychopathic	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Danvers	10	4	14	—	4	5	5	3	8	1	—	1	1	1	2	—	—	1	—	—	—
Foxborough	4	—	4	1	—	1	1	1	2	2	—	2	—	—	—	—	—	—	—	—	—
Gardner	—	2	2	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Grafton	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Medfield	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Northampton	2	—	2	—	—	2	2	—	2	2	—	2	—	—	—	—	—	—	—	—	—
Taunton	6	1	7	3	3	3	3	6	9	5	1	6	1	—	1	—	—	1	—	—	1
Westborough	2	—	2	7	3	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Worcester	4	3	7	1	1	2	—	2	2	—	—	1	1	—	—	—	1	—	—	—	—
Monson	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
McLean	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bridgewater	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tewksbury	1	—	1	—	—	—	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Total	40	12	52	23	10	33	17	14	31	15	2	17	2	1	3	3	1	4	1	—	1

¹ Does not include returns from any private hospital except McLean Hospital and patients in family care under the Department of Mental Diseases.

TABLE 116. — Age, in Certain Psychoses, of All Patients Resident in Hospitals for Mental Diseases¹ on September 30, 1928 — By Hospital and Sex — Continued.

HOSPITALS.	ALCOHOLIC.													
	TOTAL.		20-24 YEARS.		25-29 YEARS.		30-34 YEARS.		35-39 YEARS.		40-44 YEARS.		45-49 YEARS.	
	M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State . . .	128	45	—	—	—	2	—	—	2	—	—	—	—	—
Boston Psychopathic . . .	5	173	—	—	—	—	—	—	—	—	—	—	—	—
Danvers . . .	64	81	—	—	—	1	—	—	—	—	—	—	—	—
Foxborough . . .	42	12	1	1	—	—	—	—	—	—	—	—	—	—
Gardner . . .	57	65	—	—	—	—	—	—	—	—	—	—	—	—
Grafton . . .	83	36	1	1	—	2	—	—	—	—	—	—	—	—
Medford . . .	51	119	—	—	—	—	—	—	—	—	—	—	—	—
Northampton . . .	86	62	—	—	—	—	—	—	—	—	—	—	—	—
Taunton . . .	85	17	1	—	—	—	—	—	—	—	—	—	—	—
Westborough . . .	54	102	—	—	—	—	—	—	—	—	—	—	—	—
Worcester . . .	130	23	—	—	—	1	—	—	—	—	—	—	—	—
Monson . . .	1	1	—	—	—	—	—	—	—	—	—	—	—	—
McLean . . .	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Bridgewater . . .	154	—	—	—	—	—	—	—	—	—	—	—	—	—
Tewksbury . . .	28	19	—	—	—	—	—	—	—	—	—	—	—	—
Total . . .	969	212	4	—	4	7	3	10	26	6	32	67	12	79
												94	20	114
												117	26	143

¹ Does not include returns from any private hospital except McLean Hospital and patients in family care under the Department of Mental Diseases.

TABLE 116. — Age, in Certain Psychoses, of All Patients Resident in Hospitals for Mental Diseases¹ on September 30, 1928 — By Hospital and Sex — Continued.

HOSPITALS.	ALCOHOLIC — CON.																				
	50-54 YEARS.		55-59 YEARS.		60-64 YEARS.		65-69 YEARS.		70-74 YEARS.		75-79 YEARS.		80 YEARS PLUS.								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
Boston State	12	7	19	22	9	31	24	8	32	24	5	29	8	2	10	2	1	3	—	—	—
Boston Psychopathic	1	3	4	1	5	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Danvers	12	3	15	11	5	16	9	4	13	6	3	9	2	1	3	—	—	—	—	—	—
Foxborough	5	1	6	8	2	10	6	—	6	3	3	6	3	2	1	3	—	—	—	—	—
Gardner	6	4	10	11	6	17	6	—	6	11	—	11	2	1	3	—	—	—	—	—	—
Grafton	19	8	27	12	5	17	7	3	10	3	3	9	4	1	4	—	—	—	—	—	—
Medfield	5	1	6	8	2	10	9	1	10	7	2	9	3	4	1	4	—	—	—	—	—
Northampton	10	1	11	14	3	17	7	5	12	9	—	9	5	—	5	—	—	—	—	—	—
Taunton	15	1	16	11	5	16	11	4	15	11	3	14	9	2	9	—	—	—	—	—	—
Westborough	8	1	9	12	2	14	12	2	14	6	1	7	2	1	3	—	—	—	—	—	—
Worcester	17	2	19	25	5	30	20	3	23	21	2	23	11	2	13	2	2	4	—	—	—
Moulton	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
McLean	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Bridgewater	10	—	10	22	—	22	43	—	43	22	—	22	17	—	17	—	—	—	—	—	—
Tewksbury	1	5	6	6	—	6	5	3	8	3	3	6	1	1	2	—	—	—	—	—	—
Total	121	34	155	163	38	201	160	33	193	126	22	148	64	9	73	12	7	19	8	2	10

¹ Does not include returns from any private hospital except McLean Hospital and patients in family care under the Department of Mental Diseases.

TABLE 116. — Age, in Certain Psychoses, of All Patients Resident in Hospitals for Mental Diseases¹ on September 30, 1928 — By Hospital and Sex — Continued.

HOSPITALS.	OTHER SOMATIC DISEASES.											
	TOTAL.		UNDER 25 YEARS.		25-29 YEARS.		30-34 YEARS.		35-39 YEARS.		40-44 YEARS.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Boston State . . .	3	13	2	2	—	2	1	1	—	2	1	1
Boston Psychopathic . . .	—	4	—	—	—	—	—	—	—	—	—	—
Danvers . . .	6	15	3	3	1	3	3	—	—	—	1	1
Foxborough . . .	1	12	—	—	—	—	—	—	—	—	—	—
Gardner . . .	1	4	—	—	—	—	—	—	—	—	—	—
Grafton . . .	—	4	—	—	—	—	—	—	—	—	—	—
Medfield . . .	—	1	—	—	—	—	—	—	—	—	—	—
Northampton . . .	—	12	—	—	—	—	—	—	—	—	—	—
Taunton . . .	4	5	—	—	—	—	—	—	—	—	—	—
Westborough . . .	1	12	—	—	—	—	—	—	—	—	—	—
Worcester . . .	1	9	—	—	—	—	—	—	—	—	—	—
Monson . . .	—	2	—	—	—	—	—	—	—	—	—	—
McLean . . .	—	14	—	—	—	—	—	—	—	—	—	—
Bridgewater . . .	—	3	—	—	—	—	—	—	—	—	—	—
Tewksbury . . .	—	3	—	—	—	—	—	—	—	—	—	—
Total . . .	30	77	—	8	2	5	2	7	3	8	5	9
		107		8	7	9	9	11	14	14	7	9

¹ Does not include returns from any private hospital except McLean Hospital and patients in family care under the Department of Mental Diseases.

TABLE 116. — Age, in Certain Psychoses, of All Patients Resident in Hospitals for Mental Diseases¹ on September 30, 1928 — By Hospital and Sex — Continued.

HOSPITALS.	OTHER SOMATIC DISEASES — Con.											
	50-54 YEARS.		55-59 YEARS.		60-64 YEARS.		65-69 YEARS.		70-74 YEARS.		75-79 YEARS.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Boston State	—	2	1	1	1	—	—	1	—	—	—	—
Boston Psychopathic	—	—	—	—	—	—	—	—	—	—	—	—
Danvers	1	1	2	2	—	1	2	1	—	—	—	—
Foxborough	—	—	1	1	—	—	—	—	—	—	—	—
Gardner	1	—	1	1	—	—	—	—	—	—	—	—
Grafton	—	—	—	—	—	—	—	—	—	—	—	—
Medfield	—	—	—	—	—	1	—	—	—	—	—	—
Northampton	1	1	—	—	—	—	—	—	—	—	—	—
Taunton	1	2	1	1	1	3	—	1	1	1	—	—
Westborough	—	—	—	—	—	—	—	—	—	—	—	—
Worcester	—	1	—	2	1	—	—	—	—	—	—	1
Monson	—	—	—	—	—	—	—	—	—	—	—	—
McLean	—	—	—	—	—	—	—	—	—	—	—	—
Bridgewater	—	—	—	—	—	—	—	—	—	—	—	—
Tewksbury	—	—	—	1	—	—	—	—	—	—	—	—
Total	4	7	5	9	2	6	3	4	2	5	—	1
				14		8		7		7	1	1

¹ Does not include returns from any private hospital except McLean Hospital and patients in family care under the Department of Mental Diseases.

TABLE 116. — Age, in Certain Psychoses, of All Patients Resident in Hospitals for Mental Diseases¹ on September 30, 1928 — By Hospital and Sex — Continued.

HOSPITALS.	MANIC-DEPRESSIVE.													
	TOTAL.		UNDER 20 YEARS.		20-24 YEARS.		25-29 YEARS.		30-34 YEARS.		35-39 YEARS.		40-44 YEARS.	
	M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	82	184	4	4	8	3	4	7	6	23	29	7	14	21
Boston Psychopathic	—	4	1	1	2	—	—	—	1	1	1	—	—	—
Danvers	68	130	2	2	4	1	1	2	3	6	9	7	17	24
Foxborough	27	40	2	2	4	2	2	4	3	4	7	3	15	24
Gardner	23	38	—	—	1	1	1	1	1	1	1	3	3	6
Grafton	23	30	—	—	1	1	1	1	—	—	—	—	3	7
Medfield	45	75	—	—	1	1	1	1	1	1	1	—	4	4
Northampton	43	138	1	2	3	3	4	7	—	—	—	1	8	12
Northampton	43	138	1	2	3	3	4	7	—	—	—	1	8	12
Taunton	57	118	—	1	1	1	1	2	1	4	5	2	10	12
Westborough	42	84	1	1	2	—	—	4	1	1	9	1	6	11
Worcester	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Monson	31	54	—	—	1	1	1	5	1	5	6	1	3	4
McLean	13	—	—	—	—	—	—	—	1	1	—	1	1	1
Bridgewater	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tewksbury	4	21	—	—	—	—	—	—	—	—	—	—	—	—
Total	501	975	3	14	17	14	28	42	32	45	77	21	71	92
		1,476										30	95	125
												51	111	162
												51	94	145

¹ Does not include returns from any private hospital except McLean Hospital and patients in family care under the Department of Mental Diseases.

TABLE 116. — *Age, in Certain Psychoses, of All Patients Resident in Hospitals for Mental Diseases¹ on September 30, 1928 — By Hospital and Sex — Continued.*

HOSPITALS.	MANIC-DEPRESSIVE — CON.																							
	50-54 YEARS.		55-59 YEARS.		60-64 YEARS.		65-69 YEARS.		70-74 YEARS.		75-79 YEARS.		80-84 YEARS.		85-89 YEARS.		90 YEARS PLUS.							
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
Boston State . . .	15	23	38	12	10	22	8	10	18	7	12	19	2	6	8	1	1	2	—	—	—			
Boston Psychopathic Danvers . . .	6	17	23	12	17	29	9	15	24	1	12	13	5	6	11	2	5	7	—	—	—			
Foxborough . . .	1	3	4	1	5	6	3	4	7	4	3	7	1	2	3	—	1	1	—	—	—			
Gardner . . .	1	6	7	2	8	10	3	2	5	4	2	4	1	2	3	—	2	2	—	—	—			
Grafton . . .	4	4	8	5	7	12	2	6	6	7	2	2	5	4	9	2	2	4	—	—	—			
Medfield . . .	5	10	15	8	8	16	4	9	13	7	10	17	3	4	7	2	2	4	—	—	—			
Northampton . . .	4	21	25	7	12	19	4	13	17	9	9	18	2	5	7	2	2	4	2	1	3			
Taunton . . .	6	10	16	9	17	26	2	6	8	4	7	11	4	3	7	2	2	4	—	1	1			
Westborough . . .	8	18	26	7	16	23	10	12	22	5	15	20	9	9	18	2	2	3	1	1	2			
Worcester . . .	5	14	19	3	13	16	6	7	13	5	6	11	5	1	6	1	1	2	1	1	2			
Monson . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
McLean . . .	2	4	6	2	8	10	6	8	14	5	8	13	1	1	7	3	—	3	—	1	—			
Bridgewater . . .	4	4	8	1	1	2	1	1	1	1	1	2	1	1	2	1	2	2	—	—	—			
Tewksbury . . .	1	2	3	1	3	4	1	1	3	4	—	2	—	—	—	—	—	—	—	—	—			
Total . . .	61	132	193	70	114	184	57	95	152	50	88	138	38	51	89	18	21	39	4	14	18	1	1	1

¹ Does not include returns from any private hospital except McLean Hospital and patients in family care under the Department of Mental Diseases.

TABLE 116.—Age, in Certain Psychoses, of All Patients Resident in Hospitals for Mental Diseases¹ on September 30, 1928.—By Hospital and Sex — Continued.

HOSPITALS.	DEMENTIA PRÆCOX.													
	TOTAL.		UNDER 15 YEARS.		15-19 YEARS.		20-24 YEARS.		25-29 YEARS.		30-34 YEARS.		35-39 YEARS.	
	M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	398	531	—	—	—	3	—	3	51	34	49	44	59	71
Boston Psychopathic	8	6	—	2	—	—	1	2	—	—	—	—	—	—
Danvers	411	548	—	—	—	10	3	13	41	35	63	72	61	75
Foxborough	218	266	—	—	—	—	13	13	26	26	22	37	39	39
Gardner	423	281	—	—	—	—	7	—	14	11	37	17	73	34
Grafton	344	541	—	—	—	—	4	5	7	16	25	35	43	40
Medfield	510	790	—	—	—	—	4	4	23	22	28	42	45	69
Northampton	289	354	—	—	—	—	12	8	9	14	31	35	38	76
Taunton	340	417	—	—	—	—	15	39	27	21	29	41	41	87
Westborough	311	459	—	—	—	—	7	4	41	29	31	43	39	56
Worcester	544	646	—	—	—	—	18	25	41	36	62	65	82	76
Monson	—	1	—	—	—	—	—	—	—	—	—	—	—	—
McLean	28	48	—	—	—	—	2	4	3	6	1	6	5	6
Bridgewater	539	—	—	—	—	—	10	29	58	27	58	72	84	11
Tewksbury	122	355	—	—	—	—	4	5	2	9	13	14	15	27
Total	4,485	5,243	5	1	6	42	27	69	343	241	450	452	615	577
		9,728			297	185	112	297	584	902	692	670	1,362	717
														1,341

¹ Does not include returns from any private hospital except McLean Hospital and patients in family care under the Department of Mental Diseases.

TABLE 116. — Age, in Certain Psychoses, of All Patients Resident in Hospitals for Mental Diseases¹ on September 30, 1928 — By Hospital and Sex — Continued.

HOSPITALS.	ALL OTHER PSYCHOSES.													
	TOTAL.		UNDER 15 YEARS.		15-19 YEARS.		20-24 YEARS.		25-29 YEARS.		30-34 YEARS.		35-39 YEARS.	
	M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	206	324	1	—	1	6	3	9	13	11	24	25	17	22
Boston Psychopathic	22	23	—	1	1	—	5	6	1	5	6	2	4	3
Danvers	171	220	1	1	2	9	8	17	12	13	25	21	20	29
Foxborough	116	135	—	1	1	3	6	9	17	10	27	16	11	14
Gardner	117	182	—	—	—	2	—	2	4	1	20	11	8	19
Griffith	246	231	—	—	—	4	5	9	21	14	35	23	42	23
Medford	109	146	—	1	1	1	6	11	6	5	17	8	10	13
Northampton	111	113	1	—	2	4	4	8	7	10	17	8	10	18
Taunton	155	149	1	1	2	2	5	8	10	3	13	17	18	14
Westborough	88	92	1	1	2	1	3	3	4	2	6	3	11	19
Worcester	234	270	1	1	7	7	9	16	20	17	37	15	17	24
Monson	582	630	93	68	161	73	60	133	80	82	162	53	51	49
McLean	15	22	1	—	1	—	—	—	—	—	2	1	—	—
Bridgewater	215	—	—	—	1	1	2	2	28	5	1	24	23	29
Tewksbury	45	116	—	—	—	2	3	5	1	7	8	4	6	18
Total	2,432	2,553	108	75	183	117	93	210	224	178	402	226	252	241
							127	299			451		493	539
													266	273
													234	266
													500	500

¹ Does not include returns from any private hospital except McLean Hospital and patients in family care under the Department of Mental Diseases.

TABLE 116. — Age, in Certain Psychoses, of All Patients Resident in Hospitals for Mental Diseases¹ on September 30, 1928 — By Hospital and Sex — Concluded.

HOSPITALS.		ALL OTHER PSYCHOSES — CON.																										
		50-54 YEARS.			55-59 YEARS.			60-64 YEARS.			65-69 YEARS.			70-74 YEARS.			75-79 YEARS.			80-84 YEARS.			85-89 YEARS.			90 YEARS PLUS.		
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	.	29	52	81	28	54	82	21	38	59	12	28	40	4	16	20	1	6	7	—	2	2	—	1	1	—	—	—
Boston Psychopathic	.	1	1	2	—	1	1	8	16	24	1	10	20	3	2	5	—	2	7	9	—	—	—	—	2	—	—	—
Danvers	.	13	31	44	12	26	38	8	16	24	8	10	17	3	4	6	4	4	4	—	—	—	—	—	—	—	—	—
Foxborough	.	12	13	25	8	17	25	5	10	15	2	8	10	2	4	4	2	2	1	3	—	—	—	—	—	—	—	—
Gardner	.	12	2	14	14	7	21	6	7	13	8	9	17	4	4	4	4	4	4	—	—	—	—	—	—	—	—	—
Grafton	.	27	28	55	23	29	52	21	16	37	21	18	39	8	13	21	2	6	8	—	—	—	—	—	—	—	—	—
Medfield	.	17	19	36	11	29	40	8	11	19	6	11	17	2	5	9	3	5	8	—	—	—	—	—	—	—	—	—
Northampton	.	15	16	31	12	18	30	14	8	22	7	10	17	4	6	8	1	2	3	—	—	—	—	—	—	—	—	—
Taunton	.	15	16	31	24	31	42	18	18	36	6	11	17	2	5	9	1	2	3	—	—	—	—	—	—	—	—	—
Westborough	.	13	9	22	10	13	23	7	9	16	7	12	17	4	8	14	1	2	3	—	—	—	—	1	1	2	—	—
Worcester	.	24	39	63	29	34	63	25	33	58	14	20	34	6	11	15	1	2	2	—	—	—	—	1	1	2	—	—
Monson	.	33	39	72	16	26	42	20	20	40	11	19	30	6	6	12	7	3	6	—	—	—	—	1	1	1	—	—
McLean	.	1	2	3	2	6	8	1	2	3	3	2	5	2	2	4	3	2	—	—	—	—	1	1	1	—	—	—
Bridgewater	.	20	—	20	20	—	—	7	—	—	11	7	11	3	3	4	2	—	—	—	—	—	1	1	1	—	—	—
Tewksbury	.	8	10	18	7	13	20	5	14	19	3	7	10	1	1	2	—	—	—	—	—	—	1	1	1	—	—	—
Total	.	240	277	517	216	291	507	166	202	368	120	160	280	55	79	134	27	43	70	6	16	22	2	7	9	1	—	1

¹ Does not include returns from any private hospital except McLean Hospital and patients in family care under the Department of Mental Diseases.

TABLE 117. — *Length of Time, in Residence during this Admission, and Psychoses of All Patients in Hospitals for Mental Diseases¹ on September 30, 1928 — By Sex — Continued.*

PSYCHOSES.	LENGTH OF TIME IN HOSPITAL.—Con.											
	4 YEARS.			5-9 YEARS.			10-14 YEARS.			15-19 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	1	—	1	9	1	10	4	—	4	2	—	2
Senile	13	30	43	37	77	114	9	23	32	5	13	18
With cerebral arteriosclerosis	27	28	55	39	41	80	11	8	19	—	2	2
General paralysis	16	2	18	37	16	53	11	9	20	4	4	8
With cerebral syphilis	5	3	8	8	6	14	7	6	13	—	2	2
With Huntington's chorea	—	—	—	4	4	8	—	—	—	—	—	—
With brain tumor	—	—	—	1	1	2	—	—	—	—	—	—
With other brain or nervous diseases	10	3	13	15	16	31	2	7	9	4	1	5
Alcoholic	49	14	63	169	42	211	150	39	189	134	36	170
Due to drugs and other exogenous toxins	—	—	—	2	2	2	1	2	3	1	2	3
With pellagra	—	—	—	—	2	2	—	—	—	—	—	—
With other somatic diseases	2	4	6	3	7	10	1	3	4	1	—	1
Manic-depressive	34	57	91	100	172	272	48	116	164	28	66	94
Involution melancholia	6	16	22	23	66	89	5	22	27	5	22	27
Dementia precox	218	330	548	1,032	1,241	2,273	766	984	1,750	533	549	1,082
Paranoia and paranoid conditions	9	19	28	37	82	119	13	33	46	7	17	24
Epileptic psychoses	29	28	57	158	123	281	73	127	200	52	51	103
Psychoneuroses and neuroses	2	3	5	3	6	9	—	5	5	—	1	1
With psychopathic personality	8	6	14	26	19	45	2	3	5	3	1	4
With mental deficiency	30	42	72	162	117	279	101	96	197	57	44	101
Undiagnosed psychoses	5	9	14	5	21	26	3	8	11	1	5	6
Without psychoses	41	29	70	109	105	214	82	69	151	47	36	83
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—	—	—
Total	505	623	1,128	1,979	2,165	4,144	1,289	1,560	2,849	884	852	1,736

¹ Does not include returns from any private hospital except McLean Hospital and patients in family care under the Department of Mental Diseases.

NOTE. — This table is based on diagnosis at admission, and does not consider changes of diagnosis since admission. This particularly affects the three groups "Undiagnosed," "Without psychoses," and "Diagnosis deferred," as practically all of the changes in diagnosis would come within these groups.

NOTE. — The bulk of cases "Without psychoses" is made up of the diagnoses "Epilepsy, without psychosis," and "Mental deficiency, without psychosis." The mental and physical condition of these patients is such that a return to the community is not for their best interests.

TABLE 117. — *Length of Time, in Residence during this Admission, and Psychoses of All Patients in Hospitals for Mental Diseases¹ on September 30, 1928 — By Sex — Concluded.*

PSYCHOSES.	LENGTH OF TIME IN HOSPITAL — CON.									
	20-24 YEARS.		25-29 YEARS.		30-34 YEARS.		35-39 YEARS.		40 YEARS PLUS.	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	T.
Traumatic	2	—	2	—	—	—	—	—	—	—
Senile	3	3	6	—	1	—	—	—	—	—
With cerebral arteriosclerosis	1	3	4	—	—	—	—	—	—	—
General paralysis	1	3	4	—	—	—	—	—	—	—
With cerebral syphilis	—	—	—	—	1	—	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	—	1	1	—	2	—	—	—	—	—
Alcoholic	84	15	99	26	1	27	12	8	—	4
Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—
With pellagra	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	—	—	—	—	—	—	—	—	—	—
Manic-depressive	17	40	57	6	11	17	7	1	1	—
Involution melancholia	1	10	11	2	1	3	—	3	4	—
Dementia præcox	446	356	802	200	195	395	142	25	53	—
Paranoia and paranoid conditions	10	18	28	3	13	16	2	1	3	—
Epileptic psychoses	26	38	64	6	14	20	4	7	11	—
Psychoneuroses and neuroses	—	—	—	—	—	—	—	—	—	—
With psychopathic personality	4	5	9	1	1	2	—	—	—	—
With mental deficiency	38	37	75	35	13	48	13	11	24	—
Undiagnosed psychoses	—	2	2	—	6	3	—	7	—	—
Without psychoses	26	17	43	10	3	13	3	1	4	—
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—
Total	659	548	1,207	289	264	553	188	142	330	—
							48	30	78	—
							38	24	62	—

¹ Does not include returns from any private hospital except McLean Hospital and patients in family care under the Department of Mental Diseases.

NOTE. — This table is based on diagnosis at admission, and does not consider changes of diagnosis since admission. This particularly affects the three groups "Undiagnosed," "Without psychoses," and "Diagnosis deferred," as practically all of the changes in diagnosis would come within these groups.

NOTE. — The bulk of cases "Without psychoses" is made up of the diagnoses "Epilepsy, without psychosis," and "Mental deficiency, without psychosis." The mental and physical condition of these patients is such that a return to the community is not for their best interests.

TABLE 118. — *Length of Time in Residence during this Admission of All Patients in Hospitals for Mental Diseases¹ on September 30, 1928 — By Hospital and Sex.*

HOSPITALS.	LENGTH OF TIME IN HOSPITAL.													
	TOTAL PATIENTS.		1-10 DAYS.			11-20 DAYS.			21-30 DAYS.			1 MONTH.		
	M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	975	1,291	4	10	14	3	13	16	2	5	7	19	26	45
Boston Psychopathic	48	38	24	12	36	5	3	8	1	3	4	7	7	14
Danvers	854	1,071	10	3	13	11	9	20	5	3	8	19	27	46
Foxborough	459	498	—	2	2	4	2	6	3	3	6	16	18	34
Gardner	661	436	4	2	6	2	6	8	6	2	2	—	4	4
Grafton	705	850	—	—	—	—	—	—	—	—	—	—	—	—
Medford	741	1,049	—	8	—	—	3	11	—	—	—	—	—	—
Northampton	603	701	3	11	—	—	—	3	—	—	—	—	—	—
Taunton	721	732	9	7	16	9	2	11	4	7	11	22	25	47
Westborough	597	793	9	2	11	5	12	17	5	4	9	22	11	33
Worcester	1,060	1,162	4	8	12	7	3	10	7	1	8	14	18	32
Monson	583	631	11	9	20	12	6	18	5	7	12	17	23	40
McLean	85	134	2	2	4	3	3	6	5	1	1	2	5	7
Bridgewater	940	—	1	2	3	3	2	5	2	1	3	4	4	8
Tewksbury	237	551	1	—	—	4	—	4	—	—	—	—	—	—
Total	9,269	9,947	82	67	149	69	82	151	41	42	83	150	170	320
												122	130	252
												117	134	251

¹ Does not include returns from any private hospital except McLean Hospital and patients in family care under the Department of Mental Diseases.

TABLE 118. — *Length of Time in Residence during this Admission of All Patients in Hospitals for Mental Diseases¹ on September 30, 1928 — By Hospital and Sex — Continued.*

HOSPITALS.		LENGTH OF TIME IN HOSPITAL — CON.																				
		11 MONTHS.		1 YEAR.		2 YEARS.		3 YEARS.		4 YEARS.		5-9 YEARS.		10-14 YEARS.								
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
		13	4	17	97	115	212	67	103	170	59	83	142	57	68	125	231	356	587	161	199	360
		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		12	12	24	119	121	240	63	91	154	53	83	136	53	64	117	155	234	389	95	129	224
		6	8	14	67	51	118	35	38	73	42	47	89	44	51	95	78	93	171	37	125	162
		—	—	—	55	35	90	56	39	95	19	24	43	38	28	66	114	67	181	90	86	176
		—	4	4	18	66	84	40	95	135	25	25	50	10	57	67	143	122	265	221	215	436
		3	5	8	27	28	55	69	75	144	29	33	62	30	68	98	186	237	423	61	112	173
		8	4	12	66	79	145	47	70	127	48	74	122	31	38	69	108	142	250	46	68	114
		6	3	9	69	82	151	47	70	117	51	49	100	40	41	81	130	166	296	90	117	207
		14	15	29	77	96	167	42	73	115	40	39	79	30	59	89	105	157	262	69	109	178
		17	7	14	77	101	178	50	64	114	96	116	212	62	72	134	314	349	663	147	147	294
		5	5	10	67	37	104	38	39	77	37	47	84	45	36	81	169	157	326	76	106	182
		—	—	—	9	18	27	2	6	8	6	11	17	2	5	7	18	26	44	10	17	27
		2	—	2	47	—	47	56	—	56	47	—	—	—	—	—	180	—	—	138	—	138
		1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		3	1	4	22	56	78	12	39	51	12	9	21	12	36	48	48	59	107	48	130	178
		80	68	148	811	885	1,696	637	799	1,436	564	640	1,204	505	623	1,128	1,979	2,165	4,141	1,289	1,560	2,849
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¹ Does not include returns from any private hospital except McLean Hospital and patients in family care under the Department of Mental Diseases.

TABLE 118. — *Length of Time in Residence during this Admission of All Patients in Hospitals for Mental Diseases¹ on September 30, 1928 — By Hospital and Sex — Concluded.*

HOSPITALS.	LENGTH OF TIME IN HOSPITAL — CON.															
	15-19 YEARS.		20-24 YEARS.		25-29 YEARS.		30-34 YEARS.		35-39 YEARS.		40 YEARS PLUS.		AVERAGE TIME.			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.	
Boston State	85	108	193		18	18	36	8	4	12	7	3	10	7.99	7.67	7.81
Boston Psychopathic	—	—	—		14	26	40	15	9	24	4	3	7	10	13	11
Danvers	43	75	118		—	—	—	—	—	—	—	—	—	6.99	7.37	7.20
Foxborough	21	—	21		—	—	—	—	—	—	—	—	—	5.57	5.75	5.67
Gardner	100	58	158		4	—	4	—	—	—	—	—	—	10.87	9.90	10.48
Grafton	74	89	163		35	28	63	8	6	14	9	6	15	12.97	10.34	11.53
Medfield	104	143	247		51	99	150	65	88	153	11	1	12	12.76	13.21	13.02
Northampton	38	38	76		16	13	29	10	8	18	5	3	8	7.46	6.82	7.12
Taunton	71	61	132		33	29	62	15	1	16	3	3	6	8.65	7.81	8.22
Westborough	47	53	100		28	34	62	13	6	19	3	2	7	7.89	7.34	7.58
Worcester	78	80	158		46	45	91	11	4	15	3	4	7	8.27	7.46	7.84
Monson	56	59	115		28	41	69	22	5	7	5	4	9	8.05	8.89	8.48
McLean	7	11	18		9	17	26	2	2	5	—	—	—	7.74	7.55	7.62
Bridgewater	135	—	135		71	4	8	2	1	3	—	—	—	12.97	—	12.97
Tewksbury	25	77	102		7	18	25	2	10	12	1	5	6	9.76	11.97	11.30
Total	884	852	1,736		289	264	553	188	142	330	48	30	78	9.31	8.64	8.96

¹ Does not include returns from any private hospital except McLean Hospital and patients in family care under the Department of Mental Diseases.

TABLE 119. — *Nativity and Citizenship of All Patients in Residence in Hospitals for Mental Diseases¹ on September 30, 1923 — By Sex; Numbers and Percentage Distribution.*

Number.

NATIVITY AND CITIZENSHIP.	ALL HOSPITALS.			BOSTON.			PSYCHOPATHIC.			DANVERS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients in institution Sept. 30, 1923:												
Native	5,838	6,102	11,940	655	715	1,370	31	24	55	586	666	1,252
Foreign born:												
Citizens by naturalization	761	832	1,593	141	160	301	13	9	22	108	137	245
Aliens	2,069	2,234	4,303	127	319	446	4	4	8	104	125	229
Unknown	601	779	1,380	52	97	149	—	1	1	56	143	199
Total	9,269	9,947	19,216	975	1,291	2,266	48	38	86	854	1,071	1,925

Percentage.

Total patients:	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Native	62.8	61.5	62.1	67.3	55.4	60.1	64.6	63.1	64.0	68.6	62.1	65.0
Foreign born:												
Citizens by naturalization	8.3	8.3	8.3	14.4	12.5	13.4	27.1	23.7	25.6	12.7	12.9	12.7
Aliens	22.4	22.5	22.4	13.0	24.6	19.8	8.3	10.5	9.3	12.2	11.7	11.9
Unknown	6.5	7.7	7.2	5.3	7.5	6.7	—	2.7	1.1	6.5	13.3	10.4

¹ Does not include returns from any private hospital except McLean Hospital and patients in family care under the Department of Mental Diseases.

TABLE 119. — *Nativity and Citizenship of All Patients in Residence in Hospitals for Mental Diseases¹ on September 30, 1928 — By Sex; Numbers and Percentage Distribution — Continued.*

Number — Con.

NATIVITY AND CITIZENSHIP.		FOXBOROUGH.			GARDNER.			GRAFTON.			MEDFIELD.		
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients in institution Sept. 30, 1928:													
Native	.	253	292	545	426	276	702	435	478	913	41	575	992
Foreign born:	.												
Citizens by naturalization	.	38	37	75	34	26	60	37	59	96	29	77	106
Aliens	.	112	93	205	149	95	244	224	290	514	289	367	656
Unknown	.	56	76	132	52	39	91	9	23	32	6	30	36
Total	.	459	498	957	661	436	1,097	705	850	1,555	741	1,049	1,790

Percentage — Con.

Total patients	.	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Native	.	55.0	58.6	57.0	64.5	63.3	64.0	61.7	56.2	58.6	56.3	55.0	55.2
Foreign born:	.												
Citizens by naturalization	.	8.3	7.4	7.8	5.1	5.9	5.5	5.2	7.0	6.2	3.9	7.2	5.9
Aliens	.	24.4	18.7	21.4	22.6	21.8	22.2	31.8	34.1	33.0	39.0	35.0	36.9
Unknown	.	12.3	15.3	13.8	7.8	9.0	8.3	1.3	2.7	2.2	.8	2.8	2.0

¹ Does not include returns from any private hospital except McLean Hospital and patients in family care under the Department of Mental Diseases.

TABLE 119. — *Nativity and Citizenship of All Patients in Residence in Hospitals for Mental Diseases¹ on September 30, 1928 — By Sex; Numbers and Percentage Distribution — Continued.*

Number — Con.

NATIVITY AND CITIZENSHIP.	NORTHAMPTON.			TAUNTON.			WESTBOROUGH.			WORCESTER.				
	M.		T.	M.		T.	M.		F.	T.	M.		F.	T.
		F.			F.			F.				F.		
Patients in institution Sept. 30, 1928:														
Native	421	468	889	426	445	871	416	560	976		590	659	1,249	
Foreign born:														
Citizens by naturalization	60	86	146	60	50	110	62	63	125		103	95	198	
Aliens	120	134	254	227	235	462	119	159	278		276	280	565	
Unknown	2	13	15	8	12	20	—	11	11		91	119	210	
Total	603	701	1,304	721	742	1,463	597	793	1,390		1,060	1,162	2,222	

Percentage — Con.

Total patients :	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
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¹ Does not include returns from any private hospital except McLean Hospital and patients in family care under the Department of Mental Diseases.

TABLE 119. — *Nativity and Citizenship of All Patients in Residence in Hospitals for Mental Diseases¹ on September 30, 1928 — By Sex; Numbers and Percentage Distribution — Concluded.*

Number — Con.

NATIVITY AND CITIZENSHIP.			MONSON.		McLEAN.		BRIDGEWATER.		MENTAL WARDS, STATE INFIRMARY.		
			M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients in institution Sept. 30, 1928:											
Native	.	.	505	533	1,038	77	124	201	503	—	503
Foreign born:	.	.	22	20	42	4	5	9	41	—	41
Citizens by naturalization	.	.	46	62	108	2	2	4	227	—	227
Aliens	.	.	10	16	26	2	3	5	169	—	169
Unknown	.	.							88	196	284
Total	.	.	583	631	1,214	85	134	219	940	—	940
	.	.							237	551	788

Percentage — Con.

Total patients	.	.	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Native	.	.	86.6	84.5	85.0	90.4	92.7	91.9	100.0	52.1	48.9
Foreign born:	.	.									
Citizens by naturalization	.	.	3.8	3.2	3.5	4.8	3.6	4.1	4.4	3.8	1.5
Aliens	.	.	7.9	9.8	8.9	2.4	1.5	1.8	24.1	18.1	10.9
Unknown	.	.	1.7	2.5	2.6	2.4	2.2	2.2	18.0	37.1	35.5
	.	.									36.0

¹ Does not include returns from any private hospital except McLean Hospital and patients in family care under the Department of Mental Diseases.

TABLE 120. — *City or Town, and County of Residence at Time of Admission, of All Patients in State Hospitals¹ on September 30, 1928 — By Sex.*

COUNTY AND CITY OR TOWN.	Male.	Fe- male.	Total.	COUNTY AND CITY OR TOWN.	Male.	Fe- male.	Total.
<i>Barnstable.</i>				Swansea	2	2	4
Barnstable	18	16	34	Taunton	84	101	185
Bourne	6	3	9	Westport	4	6	10
Brewster	1	1	2	Total	693	719	1,412
Chatham	8	6	14	<i>Dukes.</i>			
Dennis	2	8	10	Chilmark	—	—	—
Eastham	—	—	—	Edgartown	3	1	4
Falmouth	6	8	14	Gay Head	—	—	—
Harwich	3	6	9	Gosnold	2	1	3
Mashpee	1	—	1	Oak Bluffs	3	4	7
Orleans	2	—	2	Tisbury	1	2	3
Provincetown	1	4	5	West Tisbury	—	—	—
Sandwich	1	3	4	Total	9	8	17
Truro	—	3	3	<i>Essex.</i>			
Wellfleet	—	2	2	Amesbury	21	20	41
Yarmouth	5	1	6	Andover	19	25	44
Total	54	61	115	Beverly	35	47	82
<i>Berkshire.</i>				Boxford	2	—	2
Adams	31	26	57	Bradford	—	—	—
Alford	—	—	—	Danvers	24	22	46
Becket	—	—	—	Essex	2	3	5
Cheshire	6	1	7	Georgetown	15	11	26
Clarksburg	1	—	1	Gloucester	59	54	113
Dalton	11	9	20	Groveland	2	6	8
Egremont	—	2	2	Hamilton	1	2	3
Florida	1	—	1	Haverhill	108	101	209
Great Barrington	6	13	19	Ipswich	8	15	23
Hancock	2	1	3	Lawrence	218	197	415
Hinsdale	3	—	3	Lynn	224	234	458
Lanesborough	1	1	2	Lynnfield	2	—	2
Lee	10	6	16	Manchester	3	6	9
Lenox	8	12	20	Merrimac	2	3	5
Monterey	2	2	4	Methuen	22	35	57
Mount Washington	1	—	1	Middleton	1	2	3
New Ashford	—	—	—	Nahant	1	4	5
New Marlborough	1	3	4	Newbury	2	4	6
North Adams	54	61	115	Marblehead	12	7	19
Otis	1	2	3	Newburyport	53	35	88
Peru	—	—	—	North Andover	9	8	17
Pittsfield	76	81	157	Peabody	53	35	88
Richmond	1	—	1	Rockport	6	15	21
Sandisfield	4	—	4	Rowley	3	3	6
Savoy	3	2	5	Salem	130	140	270
Sheffield	4	6	10	Salisbury	4	2	6
Stockbridge	3	8	11	Saugus	22	23	45
Tyringham	1	1	2	Swampscott	5	5	10
Washington	1	—	1	Topsfield	1	3	4
West Stockbridge	1	2	3	Wenham	2	3	5
Williamstown	3	12	15	West Newbury	—	3	3
Windsor	2	—	2	Total	1,071	1,073	2,144
Total	238	251	489	<i>Franklin.</i>			
<i>Bristol.</i>				Ashfield	—	5	5
Acushnet	4	1	5	Barnardston	2	1	3
Attleboro	54	42	96	Buckland	10	2	12
Berkley	1	1	2	Charlemont	2	3	5
Dartmouth	8	4	12	Colrain	2	1	3
Dighton	8	5	13	Conway	1	3	4
Easton	10	11	21	Deerfield	7	8	15
Fairhaven	12	16	28	Erving	2	—	2
Fall River	246	260	506	Gill	1	—	1
Freetown	2	2	4	Greenfield	33	19	52
Mansfield	12	20	32	Hawley	—	2	2
New Bedford	205	207	412	Heath	2	—	2
North Attleborough	19	19	38	Leverett	1	—	1
Norton	5	3	8	Leyden	1	1	2
Raynham	4	1	5	Monroe	—	—	—
Rehoboth	4	1	5	Montague	21	15	36
Seekonk	7	13	20				
Somerset	2	4	6				

¹ Does not include returns from any private hospital except McLean Hospital and patients in family care under the Department of Mental Diseases.

TABLE 120. — *City or Town, and County of Residence at Time of Admission, of All Patients in State Hospitals¹ on September 30, 1928 — By Sex — Continued.*

COUNTY AND CITY OR TOWN.	Male.	Fe- male.	Total.	COUNTY AND CITY OR TOWN.	Male.	Fe- male.	Total.
New Salem . . .	1	—	1	Boxborough . . .	—	1	1
Northfield . . .	3	7	10	Burlington . . .	1	—	1
Orange . . .	12	15	27	Cambridge . . .	285	313	598
Rowe . . .	2	—	2	Carlisle . . .	1	—	1
Shelbourne . . .	4	8	12	Chelmsford . . .	10	4	14
Shutesbury . . .	—	1	1	Concord . . .	11	13	24
Sunderland . . .	3	1	4	Dracut . . .	10	15	25
Warwick . . .	1	—	1	Dunstable . . .	1	—	1
Wendall . . .	1	—	1	Everett . . .	68	73	141
Whately . . .	4	2	6	Framingham . . .	42	45	88
Total . . .	116	94	210	Groton . . .	2	8	10
<i>Hampden.</i>				Holliston . . .	5	11	16
Agawam . . .	6	3	9	Hopkinton . . .	6	7	13
Blandford . . .	—	3	3	Hudson . . .	11	11	22
Brimfield . . .	4	3	7	Lexington . . .	13	10	23
Chester . . .	2	4	6	Lincoln . . .	1	2	3
Chicopee . . .	78	70	148	Littleton . . .	4	3	7
East Longmeadow . . .	2	1	3	Lowell . . .	241	287	528
Granville . . .	3	1	4	Malden . . .	100	117	217
Hampden . . .	3	4	7	Marlborough . . .	31	36	67
Holland . . .	—	—	—	Maynard . . .	21	11	32
Holyoke . . .	149	159	308	Medford . . .	48	77	125
Longmeadow . . .	2	7	9	Melrose . . .	16	33	49
Ludlow . . .	8	8	16	Natick . . .	19	31	50
Monson . . .	10	9	19	Newton . . .	84	92	176
Montgomery . . .	—	—	—	North Reading . . .	2	6	8
Palmer . . .	25	21	46	Pepperell . . .	5	6	11
Russell . . .	1	1	2	Reading . . .	12	12	24
Southwick . . .	1	2	3	Sherborn . . .	1	5	6
Springfield . . .	298	330	628	Shirley . . .	7	1	8
Tolland . . .	1	1	2	Somerville . . .	165	188	353
Wales . . .	—	1	1	Stoneham . . .	4	17	21
Westfield . . .	51	50	101	Stow . . .	1	1	2
West Springfield . . .	17	19	36	Sudbury . . .	2	1	3
Wilbraham . . .	4	4	8	Tewksbury . . .	19	19	38
Total . . .	665	701	1,366	Townsend . . .	6	3	9
<i>Hampshire.</i>				Tyngsborough . . .	2	3	5
Amherst . . .	6	20	26	Wakefield . . .	16	26	42
Belchertown . . .	4	10	14	Waltham . . .	92	105	197
Chesterfield . . .	3	—	3	Watertown . . .	34	88	122
Cummington . . .	3	4	7	Wayland . . .	2	8	10
Easthampton . . .	27	38	65	Westford . . .	3	4	7
Enfield . . .	2	—	2	Weston . . .	2	4	6
Goshen . . .	1	—	1	Wilmington . . .	7	5	12
Granby . . .	3	1	4	Winchester . . .	16	21	37
Greenwich . . .	3	—	3	Woburn . . .	53	44	97
Hadley . . .	15	4	19	Total . . .	1,564	1,874	3,438
Hatfield . . .	6	4	10	<i>Nantucket.</i>			
Huntington . . .	3	4	7	Nantucket . . .	7	4	11
Middlefield . . .	—	—	—	Total . . .	7	4	11
Northampton . . .	51	75	126	<i>Norfolk.</i>			
Pelham . . .	1	2	3	Avon . . .	5	7	12
Plainfield . . .	2	—	2	Bellingham . . .	4	4	8
Prescott . . .	—	2	2	Braintree . . .	13	31	44
Southampton . . .	1	4	5	Brookline . . .	54	90	144
South Hadley . . .	16	17	33	Canton . . .	18	15	33
Ware . . .	18	20	38	Cohasset . . .	3	5	8
Westhampton . . .	—	—	—	Dedham . . .	24	26	50
Williamsburg . . .	6	5	11	Dover . . .	3	—	3
Worthington . . .	1	1	2	Foxborough . . .	23	9	32
Total . . .	172	211	383	Franklin . . .	12	20	32
<i>Middlesex.</i>				Holbrook . . .	4	8	12
Acton . . .	4	7	11	Hyde Park . . .	17	28	45
Arlington . . .	31	47	78	Medfield . . .	2	8	10
Ashby . . .	2	2	4	Medway . . .	6	4	10
Ashland . . .	6	5	11	Millis . . .	5	1	6
Ayer . . .	4	7	11	Milton . . .	12	22	34
Bedford . . .	1	3	4	Needham . . .	16	23	39
Belmont . . .	24	32	56	Norfolk . . .	1	7	8
Billerica . . .	9	5	14	Norwood . . .	20	21	41
				Plainville . . .	3	1	4
				Quincy . . .	79	100	179

¹ Does not include returns from any private hospital except McLean Hospital and patients in family care under the Department of Mental Diseases.

TABLE 120. — *City or Town, and County of Residence at Time of Admission, of All Patients in State Hospitals¹ on September 30, 1928 — By Sex — Concluded.*

COUNTY AND CITY OR TOWN.	Male.	Fe- male.	Total.	COUNTY AND CITY OR TOWN.	Male.	Fe- male.	Total.
Randolph	15	7	22	Grafton	6	11	17
Sharon	4	2	6	Hardwick	8	3	11
Stoughton	19	18	37	Harvard	2	2	4
Walpole	19	10	29	Holden	4	5	9
Wellesley	10	12	22	Hopedale	4	1	5
Westwood	1	3	4	Hubbardston	3	1	4
Weymouth	37	21	58	Lancaster	2	7	9
Wrentham	15	13	28	Leicester	6	12	18
Total	444	516	960	Leominster	36	42	78
<i>Plymouth.</i>				Lunenburg	2	1	3
Abington	6	9	15	Mendon	—	—	—
Bridgewater	46	27	73	Millford	27	32	59
Brookton	162	130	292	Millbury	15	4	19
Carver	2	1	3	Millville	2	2	4
Duxbury	3	5	8	New Braintree	—	3	3
East Bridgewater	3	4	7	Northborough	6	9	15
Halifax	1	2	3	Northbridge	14	16	30
Hanover	7	4	11	North Brookfield	7	5	12
Hanson	4	5	9	Oakham	3	—	3
Hingham	11	11	22	Oxford	5	9	14
Hull	3	3	6	Paxton	1	—	1
Kingston	6	3	9	Petersham	—	2	2
Lakenville	2	—	2	Phillipston	—	—	—
Marion	1	5	6	Princeton	—	—	—
Marshfield	4	1	5	Royalston	—	3	3
Mattapoisett	2	2	4	Rutland	2	1	3
Middleborough	19	13	32	Shrewsbury	6	9	15
Norwell	4	5	9	Southborough	4	6	10
Pembroke	6	1	7	Southbridge	35	26	61
Plymouth	29	34	63	Spencer	15	14	29
Plympton	—	2	2	Sterling	—	4	4
Rochester	2	2	4	Sturbridge	—	5	5
Rockland	20	22	42	Sutton	5	4	9
Scituate	4	5	9	Templeton	26	17	43
Wareham	10	7	17	Upton	2	2	4
West Bridgewater	2	1	3	Uxbridge	13	11	24
Whitman	16	15	31	Warren	5	8	13
Total	375	319	694	Webster	34	15	49
<i>Worcester.</i>				Westborough	13	14	27
Ashburnham	3	6	9	West Boylston	2	2	4
Athol	17	23	40	West Brookfield	2	3	5
Auburn	2	11	13	Westminster	2	6	8
Barre	3	6	9	Winchendon	13	6	19
Berlin	1	1	2	Worcester	455	455	910
Blackstone	15	11	26	Total	1,029	1,046	2,075
Bolton	4	4	8	<i>Suffolk.</i>			
Boylston	2	4	6	Boston	2,392	2,821	5,213
Brookfield	6	4	10	Chelsea	93	97	190
Charlton	6	4	10	Revere	30	52	82
Clinton	26	35	61	Winthrop	20	31	51
Dana	4	2	6	Total	2,535	3,001	5,536
Dudley	4	10	14	Non-residents	127	69	196
Douglas	6	2	8	Unknown	170	—	170
East Brookfield	1	1	2	Grand total	9,269	9,947	19,216
Fitchburg	103	93	196				
Gardner	39	48	87				

¹ Does not include returns from any private hospital except McLean Hospital and patients in family care under the Department of Mental Diseases.

Voluntary cases:											
As recovered	26	16	42	6	7	13	11	3	14	9	6
As improved (excluding transfers)	31	13	44	6	2	8	9	4	13	16	7
As unimproved (excluding transfers)	28	17	45	7	1	8	5	3	8	16	13
As not mentally defective											
Died											
Total Discharges	85	46	131	19	10	29	25	10	35	41	26
Observation Cases:											
As recovered	2	2	2	2	2	2	2	2	2	2	2
As improved (excluding transfers)	1	1	1	1	1	1	1	1	1	1	1
As unimproved (excluding transfers)	1	1	1	1	1	1	1	1	1	1	1
As not mentally defective											
Died											
Total Discharges	3	3	3	2	2	2	2	2	2	2	2
Total Cases discharged by transfer during year	62	9	71	1	1	1	36	8	44	25	1
Total Cases discharged during year	237	115	352	33	17	50	118	39	157	86	59
Patients on books Sept. 30, 1928	2,150	2,154	4,304	436	497	933	1,103	706	1,809	611	951
Total number of patients actually in Schools Sept. 30, 1928	1,956	1,956	3,912	401	459	860	1,015	645	1,660	540	852
Daily Average population (including patients on escape, visit or parole)	2,109.4	2,129.9	4,239.4	390.1	487.0	877.1	1,105.1	699.7	1,804.9	614.2	943.2
Daily Average population (excluding patients on escape, visit or parole)	1,883.4	1,914.3	3,798.0	357.1	446.6	803.8	988.0	634.5	1,622.6	538.3	833.2
Rated Capacity of Schools	1,916	1,634	3,550	422	340	762	956	542	1,498	538	752
Number of patients on visit Oct. 1, 1927	74	36	110	4	5	9	42	16	58	28	15
Number of patients on visit Sept. 30, 1928	71	38	109	5	6	11	39	19	58	27	13
Daily Average number of patients on visit during year	101.9	56.8	158.8	11.1	11.1	22.3	57.6	24.5	82.1	33.1	21.2
Number of patients on Parole Oct. 1, 1927	83	142	225	6	18	24	42	39	81	35	85
Number of Patients on Parole Sept. 30, 1928	70	146	216	11	28	39	30	40	70	29	78
Daily Average number of patients on parole during year	71.4	145.8	217.2	6.4	24.8	31.2	31.9	39.1	71.0	33.0	81.8
Number of patients on escape Oct. 1, 1927	58	13	71	14	5	19	33	2	35	11	6
Number of patients on escape Sept. 30, 1928	53	14	67	19	4	23	19	2	21	15	8

¹ For forms of admission included under regular commitment, voluntary and observation, see page 145 of text.

TABLE 121. — *General Statistics of State Schools¹ for the Mentally Defective, State of Massachusetts — Concluded.*

	ALL STATE SCHOOLS.			BELCHERTOWN.			WALTER E. FERNALD.			WRENTHAM.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Daily Average number of patients on escape during year	53.5	13.1	67.3	15.4	4.3	19.8	28.4	1.9	30.9	9.7	6.8	16.6
Support of patient population (exclusive of patients on escape, parole or visit):												
Supported by the State	1,855	1,883	3,738	385	449	834	956	606	1,562	514	828	1,342
Reimbursing and Private	101	73	174	16	10	26	59	39	98	26	24	50
Number of patients not Mentally Defective actually in Schools Oct. 1, 1927:												
Insane	—	—	—	—	—	—	—	—	—	—	—	—
Epileptic	—	—	—	—	—	—	—	—	—	—	—	—
Others	4	13	17	—	—	—	—	—	—	4	13	17
Total	4	13	17	—	—	—	—	—	—	4	13	17
Number of patients not Mentally Defective (I. Q. 75 and over) actually in Schools Sept. 30, 1928:												
Insane	—	—	—	—	—	—	—	—	—	—	—	—
Epileptic	—	—	—	—	—	—	—	—	—	—	—	—
Others	115	72	187	25	26	51	39	10	49	51	36	87
Total	115	72	187	25	26	51	39	10	49	51	36	87

¹ For forms of admission included under regular commitment, voluntary and observation, see page 145 of text.

TABLE 122. — Age Distribution of Mentally Defective First Admissions¹ — By School and Sex.

AGE.	ALL SCHOOLS.			BELCHERTOWN.			WALTER E. FERNALD.			WRENTHAM.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	14	4	18	3	—	3	3	1	4	8	3	11
5-9 years	81	20	101	24	5	29	36	8	44	21	7	28
10-14 years	77	38	115	28	9	37	41	13	54	8	16	24
15-19 years	40	31	71	9	7	16	24	12	36	7	12	19
20-24 years	2	13	15	1	4	5	—	4	4	1	5	6
25-29 years	3	9	12	2	3	5	—	4	5	2	2	2
30-34 years	—	2	2	—	1	1	—	1	1	—	—	—
35-39 years	1	3	4	1	2	3	—	—	—	—	1	1
40-44 years	1	—	1	—	—	—	1	—	—	—	—	—
45-49 years	—	2	2	—	—	—	—	1	1	—	—	—
50-54 years	1	—	1	1	—	—	—	—	—	—	—	—
55-59 years	—	—	—	—	—	—	—	—	—	—	—	—
60 years plus	—	—	—	—	—	—	—	—	—	—	—	—
Total	220	122	342	69	31	100	106	44	150	45	47	92
Average age in years	11.7	16.2	13.3	12.7	17.8	14.3	12.1	16.1	13.2	9.5	15.4	12.5

¹ According to instructions contained in the "Statistical Manual" for the Use of Institutions for the Feeble-minded (Nat. Com. for Mental Hygiene, 1921), page 37, this table calls for a report of *Feeble-minded* patients (I. Q. .74 or less) apart from other patients who may be cared for in the same institution.

TABLE 123. — Age, Nativity and Percentage of Mentally Defective First Admissions to State Schools — By School and Sex — Continued.

AGE GROUPS.		BELCHERTOWN.																
		TOTAL.		NATIVE.										FOREIGN BORN.		NATIVITY UNKNOWN.		
				NATIVE PARENTAGE.		FOREIGN PARENTAGE.		MIXED PARENTAGE.		PARENTAGE UNKNOWN.								
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
3	5	3	2	5	2	2	10	3	1	4	1	1	1	1	1	1	1	1
24	29	29	17	22	17	11	5	2	6	2	2	2	2	2	2	2	2	2
28	37	37	10	7	17	3	1	1	1	1	1	1	1	1	1	1	1	1
9	7	16	4	5	9	1	1	1	1	1	1	1	1	1	1	1	1	1
1	4	5	1	2	3	1	1	1	1	1	1	1	1	1	1	1	1	1
2	3	5	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	2	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1</			

TABLE 123. — Age, Nativity and Parentage of Mentally Defective First Admissions to State Schools — By School and Sex — Concluded.

[illegible]

TABLE 124. — *Citizenship of Mentally Defective First Admissions to State Schools — By School and Sex.*

CITIZENSHIP.	ALL SCHOOLS.			BELCHERTOWN.			WALTER E. FERNALD.			WRENTHAM.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Alien	9	4	13	3	2	5	3	1	4	3	1	4
Naturalized	1	2	3	—	—	—	—	—	—	1	2	3
Citizens	208	114	322	65	29	94	102	41	143	41	44	85
Unknown	2	2	4	1	—	1	1	2	3	—	—	—
Total	220	122	342	69	31	100	106	44	150	45	47	92

TABLE 126. — *Environment and Mental Status¹ of Mentally Defective First Admissions to State Schools — By School and Sex.*

MENTAL STATUS.	ALL SCHOOLS.						BELCHERTOWN.					
	TOTAL.			URBAN.			RURAL.			TOTAL.		
	M. F.		T.	M. F.		T.	M. F.		T.	M. F.		T.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	22	18	40	21	17	38	1	1	2	6	2	8
Imbecile	59	32	91	54	31	85	5	1	6	16	5	18
Moron	139	72	211	128	69	197	11	3	14	47	20	60
Total	220	122	342	203	117	320	17	5	22	69	31	100

¹ Idiot I. Q. .24 or less; Imbecile I. Q. .25-49; Moron I. Q. .50-74.TABLE 126. — *Environment and Mental Status¹ of Mentally Defective First Admissions to State Schools — By School and Sex — Concluded.*

MENTAL STATUS.	WALTER E. FERNALD.						WRENTHAM.					
	TOTAL.			URBAN.			RURAL.			TOTAL.		
	M. F.		T.	M. F.		T.	M. F.		T.	M. F.		T.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	5	6	11	5	6	11	—	—	—	11	10	21
Imbecile	29	15	44	29	15	44	—	—	—	14	11	25
Moron	72	23	95	71	23	94	1	—	1	20	26	46
Total	106	44	150	105	44	149	1	—	1	45	47	92

¹ Idiot I. Q. .24 or less; Imbecile I. Q. .25-49; Moron I. Q. .50-74.

TABLE 127. — *Economic Condition and Mental Status*¹ of First Admissions to State Schools — *By School and Sex.*

ECONOMIC CONDITION.	ALL SCHOOLS.						BELCHERTOWN.					
	TOTAL.			IDIOT.			IMBECILE.			MORON.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent .	59	29	88	3	1	4	11	5	16	45	23	68
Marginal .	155	89	244	18	17	35	47	25	72	90	47	137
Comfortable .	6	3	9	1	—	1	1	1	2	4	2	6
Unknown .	—	1	1	—	—	—	—	1	1	—	—	—
Total .	220	122	342	22	18	40	59	32	91	139	72	211
										69	31	100
										16	6	22
										47	23	70

¹ Idiot I. Q. 24 or less; Imbecile I. Q. 25-49; Moron I. Q. 50-74.TABLE 127. — *Economic Condition and Mental Status*¹ of First Admissions to State Schools — *By School and Sex* — *Concluded.*

ECONOMIC CONDITION.	WALTER E. FERNALD.						WRENTHAM.					
	TOTAL.			IDIOT.			IMBECILE.			MORON.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent .	11	3	14	—	—	—	3	—	3	8	3	11
Marginal .	95	39	134	5	6	11	26	13	39	64	20	84
Comfortable .	—	1	1	—	—	—	—	1	1	—	—	—
Unknown .	—	1	1	—	—	—	—	1	1	—	—	—
Total .	106	44	150	5	6	11	29	15	44	72	23	95
										45	47	92
										14	11	25
										20	26	46

¹ Idiot I. Q. 24 or less; Imbecile I. Q. 25-49; Moron I. Q. 50-74.

TABLE 128. — *Age of Mentally Defective Readmissions¹ to State Schools — By School and Sex.*

AGE GROUPS.	TOTAL ALL SCHOOLS.			BELCHERTOWN.			WALTER E. FERNALD.			WRENTHAM.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years												
5-9 years	1	3	3	2	1	3	1	1	1	1	3	3
10-14 years	2	3	5	2	1	3	2	2	4	2	2	2
15-19 years	5	3	9	5	1	6	1	1	1	2	1	2
20-24 years	5	1	6	2	—	2	3	1	1	2	1	3
25-29 years	2	—	2	—	—	—	1	1	1	1	—	1
30-34 years	3	1	4	—	—	—	3	1	4	—	—	—
35-39 years	1	—	1	—	—	—	1	—	1	—	—	—
40-44 years	1	—	1	—	—	—	1	1	1	—	—	—
45-49 years	1	1	2	1	—	1	—	1	1	—	—	—
50-54 years	1	—	1	1	—	1	—	—	—	—	—	—
55 years plus	1	—	1	1	—	1	—	—	—	—	—	—
Total	22	12	34	8	2	10	9	4	13	5	6	11

¹ Previous admissions to schools for mentally deficient only.

TABLE 129. — *Age and Mental Status¹ of Mental Defectives Discharged from State Schools — By School and Sex.*

AGE GROUPS.	TOTAL ALL SCHOOLS.						BELCHERTOWN.					
	TOTAL.			IMBECILE.			MORON.			TOTAL.		
	Idiot.			M.			F.			T.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 10 years	30	9	39	10	10	20	17	5	22	4	1	5
10-14 years	53	12	65	11	6	17	38	5	43	6	6	12
15-19 years	22	20	42	3	4	7	18	15	33	4	2	6
20-24 years	6	9	15	1	1	2	5	6	11	1	1	2
25-29 years	3	7	10	1	1	2	1	3	4	1	1	2
30-34 years	1	4	5	—	2	2	1	1	2	—	1	1
35-39 years	—	1	1	—	—	—	—	4	4	—	—	—
40-44 years	—	1	1	—	—	—	—	—	—	—	—	—
45 years and over	—	1	1	—	—	—	—	—	—	—	—	—
Total	115	67	182	26	20	46	80	39	119	16	11	27
Average age in years	13.2	19.7	15.6	12.5	22.6	16.8	13.6	19.5	16.0	14.0	15.7	14.7
										15.0	—	15.0
										7.5	18.5	15.3
										15.0	15.0	15.0

¹ Idiot I. Q. .24 or less; Imbecile I. Q. .25-49; Moron I. Q. .50-74.

TABLE 129. — Age and Mental Status¹ of Mental Defectives Discharged from State Schools — By School and Sex — Concluded.

AGE GROUPS.	WALTER E. FERNALD.						WRENTHAM.					
	TOTAL.			IMBECILE.			MORON.			TOTAL.		
	Idiot.			Idiot.			Idiot.			Idiot.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 10 years	14	2	14	1	1	1	2	8	2	12	8	20
10-14 years	29	31	60	1	1	2	8	18	4	18	4	22
15-19 years	14	4	18	1	1	1	3	10	3	13	4	18
20-24 years	2	5	7	1	1	1	1	2	2	4	3	6
25-29 years	2	3	5	1	1	1	1	2	2	4	3	6
30-34 years	1	1	2	1	1	1	1	1	1	2	4	4
35-39 years	1	1	2	1	1	1	1	1	1	1	1	1
40-44 years	1	1	2	1	1	1	1	1	1	1	1	1
45 years and over	1	1	2	1	1	1	1	1	1	1	1	1
Total	62	22	84	3	3	6	14	7	21	37	34	71
Average age in years	13.6	27.0	17.1	12.5	22.5	17.5	13.9	26.8	19.2	12.2	16.6	14.3
										10.0	9.5	9.6
										10.5	20.6	15.0
										13.5	16.8	14.9

¹ Idiot I. Q. .24 or less; Imbecile I. Q. .25-49; Moron I. Q. .50-74.

TABLE 130. — Duration of School Residence during this Admission and Mental Status¹ of All Patients Discharged from State Schools — By School and Sex.

DURATION OF SCHOOL RESIDENCE.	ALL SCHOOLS.																	
	TOTAL.			IDIOT.			IMBECILE.			MORON.			NOT MENTALLY DEFECTIVE.		UNKNOWN.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 year	28	8	36	3	1	4	2	2	4	16	4	20	7	5	7	—	1	1
1-4 years	48	32	80	3	2	5	10	12	22	28	13	41	6	11	11	1	—	1
5-9 years	35	15	50	3	3	6	10	—	10	20	9	29	2	3	5	—	—	—
10-14 years	17	16	33	—	1	1	1	5	6	13	8	21	3	2	5	—	—	—
15-19 years	—	5	11	—	—	—	2	—	2	2	5	7	—	2	2	—	—	—
20-24 years	2	2	4	—	1	1	1	—	1	1	1	1	—	1	1	—	—	—
25-29 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
30-34 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
35 years plus	—	1	1	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
Total	136	79	215	9	8	17	26	20	46	80	39	119	20	11	31	1	1	2
Average residence in years	5.91	7.01	6.31	3.5	7.8	5.6	6.54	7.10	6.78	5.70	7.76	6.38	5.44	7.50	6.17	1.5	.04	.77

¹ Idiot I. Q. .24 or less; Imbecile I. Q. .25-49; Moron I. Q. .50-74; Not Mentally Defective .75 and over.

TABLE 130. — *Duration of School Residence during this Admission and Mental Status¹ of All Patients Discharged from State Schools — By School and Sex — Continued.*

DURATION OF SCHOOL RESIDENCE.	WALTER E. FERNALD.														
	TOTAL.			IDIOT.			IMBECILE.			MORON.			NOT MENTALLY DEFECTIVE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 year	11	1	12	1	-	1	1	-	1	6	1	7	3	-	3
1-4 years	25	9	34	1	1	2	5	3	8	16	3	19	3	2	5
5-9 years	23	4	27	1	1	2	7	-	7	14	3	17	1	-	1
10-14 years	9	5	14	-	-	-	1	3	4	6	1	7	2	1	3
15-19 years	4	4	8	-	-	-	-	-	-	2	4	6	2	1	2
20-24 years	1	2	3	-	1	1	-	-	-	1	-	1	-	1	1
25-29 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
30-34 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35 years plus	-	1	1	-	-	-	-	1	1	-	-	-	-	-	-
Total	73	26	99.	3	3	6	14	7	21	45	12	57	11	4	15
Average residence in years	6.18	10.64	7.35	3.06	10.83	6.95	5.47	12.21	7.72	6.32	9.73	7.04	7.19	10.5	8.07

¹ Idiot I. Q. 24 or less; Imbecile I. Q. 25-49; Moron I. Q. 50-74; Not Mentally Defective .75 and over.

TABLE 130. — *Duration of School Residence during this Admission and Mental Status¹ of All Patients Discharged from State Schools — By School and Sex — Concluded.*

DURATION OF SCHOOL RESIDENCE.	WRENTHAM.																		
	TOTAL.			IDIOT.			IMBECILE.			MORON.			NOT MENTALLY DEFECTIVE.		UNKNOWN.				
	M.		T.	M.		F.	T.	M.		F.	T.	M.		F.	T.	M.		F.	T.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Under 1 year	4	4	8	—	1	1	—	1	1	3	2	5	1	—	1	—	—	—	—
1-4 years	17	14	31	1	1	2	4	5	9	6	15	2	2	4	1	—	—	—	—
5-9 years	11	9	20	1	2	3	3	—	6	5	11	1	1	2	3	—	—	—	—
10-14 years	8	11	19	—	1	1	—	2	2	7	7	14	1	1	2	—	—	—	—
15-19 years	2	1	3	—	—	—	2	—	2	1	—	1	—	—	—	—	—	—	—
20-24 years	1	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—
25-29 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
30-34 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
35 years plus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	43	39	82	2	5	7	10	8	18	25	21	46	5	5	10	1	—	1	—
Average residence in years	6.74	6.9	6.82	5.00	6.47	6.05	8.90	5.49	7.38	6.50	7.69	7.04	5.42	6.30	5.86	1.5	—	—	1.5

¹ Idiot I. Q. .24 or less; Imbecile I. Q. .25-49; Moron I. Q. .50-74; Not Mentally Defective .75 and over.

TABLE 131. — *Total Duration of School Residence, All Admissions, and Mental Status of Patients¹ Discharged from State Schools — By School and Sex.*

DURATION OF SCHOOL RESIDENCE.	TOTAL ALL SCHOOLS.																	
	TOTAL.			IDiot.			IMBECILE.			MORON.			NOT MENTALLY DEFECTIVE.			UNKNOWN.		
	M.		T.	M.		T.	M.		T.	M.		T.	M.		T.	M.		T.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 year	24	6	30	3	1	4	2	-	2	12	4	16	7	-	7	-	1	1
1-4 years	50	29	79	3	2	5	11	21	30	30	11	41	6	5	11	1	-	1
5-9 years	27	14	41	1	3	4	7	1	8	18	7	25	1	3	4	-	-	-
10-14 years	23	18	41	1	1	2	4	4	8	14	11	25	4	2	6	-	-	-
15-19 years	10	4	14	1	-	1	2	2	4	5	2	7	2	-	2	-	-	-
20-24 years	2	6	8	1	1	1	1	1	1	1	4	5	-	1	1	-	-	-
25-29 years	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
30-34 years	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35-39 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
40 years plus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	136	79	215	9	8	17	26	20	46	80	39	119	20	11	31	1	1	2
Average residence in years	6.2	8.8	7.6	5.1	7.8	6.4	7.1	9.5	8.6	6.2	8.8	7.1	5.7	7.5	6.4	1.5	0.4	.77

¹ Idiot I. Q. .24 or less; Imbecile I. Q. .25-49; Moron I. Q. .50-74; Not Mentally Defective I. Q. .75 or over.

TABLE 131. — *Total Duration of School Residence, All Admissions, and Mental Status of Patients¹ Discharged from State Schools — By School and Sex — Continued.*

DURATION OF SCHOOL RESIDENCE.	BELCHERTOWN.																		
	TOTAL.			IDIOT.			IMBECILE.			MORON.			NOT MENTALLY DEFECTIVE.			UNKNOWN.			
	M.		T.	M.		F.	T.	M.		F.	T.	M.		F.	T.	M.		F.	T.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Under 1 year	12	2	14	2	-	2	1	-	1	-	1	7	3	-	3	-	1	1	1
1-4 years	7	6	13	1	-	1	1	3	4	4	2	6	1	1	2	-	-	-	-
5-9 years	-	4	4	-	-	-	-	1	1	-	2	2	-	1	1	-	-	-	-
10-14 years	-	1	1	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-
15-19 years	1	1	2	1	-	1	-	1	1	-	-	-	-	-	-	-	-	-	-
20-24 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
25-29 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
30-34 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35-39 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
40 years plus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	20	14	34	4	-	4	2	5	7	10	6	16	4	2	6	-	1	1	1
Average residence in years	2.0	5.7	3.3	4.9	-	4.9	2.2	6.5	5.3	1.2	6.1	3.1	.61	5.5	2.2	-	.04	.04	.04

¹ Idiot I. Q. 24 or less; Imbecile I. Q. 25-49; Moron I. Q. 50-74; Not Mentally Defective I. Q. 75 or over.

TABLE 131. — *Total Duration of School Residence, All Admissions, and Mental Status of Patients¹ Discharged from State Schools — By School and Sex — Continued.*

DURATION OF SCHOOL RESIDENCE.		WALTER E. FERNALD.													
		TOTAL.		IDIOT.		IMBECILE.		MORON.		NOT MENTALLY DEFECTIVE.		UNKNOWN.		M.	F.
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.		
Under 1 year	.	8	1	9	1	—	1	3	1	—	3	—	—	—	—
1-4 years	.	26	8	34	1	2	3	17	3	4	3	2	3	—	—
5-9 years	.	21	1	22	1	—	7	13	—	20	3	—	5	—	—
10-14 years	.	11	7	18	—	3	4	7	3	13	1	—	1	—	—
15-19 years	.	6	2	8	—	1	1	4	1	10	2	1	3	—	—
20-24 years	.	1	6	7	—	—	1	1	5	5	2	—	2	—	—
25-29 years	.	—	—	—	—	—	—	—	4	5	—	1	1	—	—
30-34 years	.	—	—	—	—	—	—	—	1	—	—	—	—	—	—
35-39 years	.	—	1	1	—	—	1	—	—	—	—	—	—	—	—
40 years plus	.	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	.	73	26	99	3	3	6	45	12	57	11	4	15	—	—
Average residence in years	.	6.8	12.6	8.4	4.7	10.8	7.7	7.3	14.1	8.9	7.2	10.5	8.11	—	—

¹ Idiot I. Q. .24 or less; Imbecile I. Q. .25-.49; Moron I. Q. .50-.74; Not Mentally Defective I. Q. .75 or over.

TABLE 131. — *Total Duration of School Residence, All Admissions, and Mental Status of Patients¹ Discharged from State Schools — By School and Sex — Concluded.*

DURATION OF SCHOOL RESIDENCE.	WRENTHAM.																		
	TOTAL.			IDIOT.			IMBECILE.			MORON.			NOT MENTALLY DEFECTIVE.			UNKNOWN.			
	M.		T.	M.		F.	T.	M.		F.	T.	M.		F.	T.	M.		F.	T.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Under 1 year	4	3	7	—	1	1	—	—	—	3	2	5	1	—	1	—	—	—	
1-4 years	17	15	32	1	1	2	—	6	10	9	6	15	2	2	4	1	—	1	
5-9 years	6	9	15	1	1	3	—	—	—	5	5	10	—	2	2	—	—	—	
10-14 years	12	10	22	—	1	1	—	3	4	7	7	14	2	1	3	—	—	—	
15-19 years	3	1	4	—	—	—	—	2	1	1	1	2	—	—	—	—	—	—	
20-24 years	1	1	1	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	
25-29 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
30-34 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
35-39 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
40 years plus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total	43	39	82	2	5	7	10	8	18	25	21	46	5	5	10	1	—	1	
Average residence in years	7.5	7.4	7.4	5.5	6.5	6.2	10.4	7.5	9.1	7.0	7.8	7.4	6.4	6.3	6.4	1.5	—	1.5	

¹ Idiot I. Q. .24 or less; Imbecile I. Q. .25-49; Moron I. Q. .50-74; Not Mentally Defective I. Q. .75 or over.

TABLE 132. — *Age and Mental Status¹ of All Patients who Died in State Schools — By School and Sex.*

AGE.	TOTAL ALL SCHOOLS.										BELCHERTOWN.														
	TOTAL.			IDIOT.			IMBECILE.			MORON.			TOTAL.			IDIOT.			IMBECILE.			MORON.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Under 10 years	22	16	38	11	8	19	9	6	15	2	2	4	5	-	5	3	-	3	2	-	2	-	-	-	-
10-14 years	8	3	11	3	1	4	5	-	5	-	2	2	2	2	2	2	-	2	-	-	-	-	-	-	-
15-19 years	15	2	17	1	1	2	1	1	2	1	1	2	1	-	1	-	-	1	-	-	-	-	-	-	-
20-24 years	2	2	4	-	-	-	2	1	2	-	-	-	1	-	1	-	-	-	1	1	-	-	-	-	-
25-29 years	2	1	3	-	-	-	2	1	3	-	-	-	2	1	3	-	-	2	1	3	-	-	-	-	-
30-34 years	2	2	4	1	-	1	1	-	1	-	1	1	2	1	2	1	1	1	1	-	-	-	-	-	-
35-39 years	-	-	-	-	-	-	-	-	-	-	-	1	1	1	1	-	-	-	-	-	-	-	-	-	-
40-44 years	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
45-49 years	-	1	1	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	1	1	1
50 years and over	-	1	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	38	27	65	16	11	27	19	9	28	3	7	10	12	3	15	6	1	7	6	1	7	-	1	1	1
Average age	12.2	15.3	13.5	10.6	11.6	11.0	13.8	15.8	14.5	10.8	20.4	17.5	17.1	37.5	21.3	13.3	37.5	16.8	20.8	27.5	21.8	-	47.5	47.5	47.5

¹ Mental Status: Idiot I. Q. less than .24; Imbecile .25-.49; Moron .50-.75. There were no deaths in the group Not Mentally Defective (I. Q. .75 and over).

TABLE 132. — Age and Mental Status¹ of All Patients who Died in State Schools — By School and Sex — Concluded.

AGE.	WALTER E. FERNALD.						WRENTHAM.					
	TOTAL.			IMBECILE.			IDIOT.			IMBECILE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 10 years	3	2	5	1	2	3	1	2	3	14	14	28
10-14 years	5	1	6	1	1	2	1	1	2	1	2	3
15-19 years	-	1	1	-	1	1	-	1	1	2	2	4
20-24 years	1	-	1	-	-	-	1	-	-	-	-	-
25-29 years	-	-	-	-	-	-	-	-	-	-	-	-
30-34 years	-	-	-	-	-	-	-	-	-	-	-	-
35-39 years	-	1	1	-	-	-	-	-	-	-	-	-
40-44 years	-	-	-	-	-	-	-	-	-	-	-	-
45-49 years	-	-	-	-	-	-	-	-	-	-	-	-
50 years and over	-	-	-	-	-	-	-	-	-	-	-	-
Total	9	5	14	2	4	6	7	-	7	17	19	36
Average age	11.9	16.5	13.6	10.0	13.7	10.8	13.9	-	13.9	9.0	11.4	10.3
										8.7	7.5	8.2
										8.3	14.4	11.8
										10.8	11.5	11.1

¹ Mental Status: Idiot I. Q. less than .24; Imbecile .25-.49; Moron .50-.75. There were no deaths in the group Not Mentally Defective (I. Q. .75 and over).

TABLE 133. — *Mental Status and Duration of School Residence during All Admissions of All Patients Dying in State Schools¹ — By School and Sex.*

DURATION OF SCHOOL RESIDENCE.	ALL SCHOOLS.														
	TOTAL.			Idiot.			IMBECILE.			MORON.			UNKNOWN.		
	M.		T.	M.		T.	M.		T.	M.		T.	M.		T.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 year	12	1	13	3	1	4	6	-	6	2	-	2	1	-	1
1- 4 years	12	18	30	7	6	13	4	8	12	1	4	5	-	-	-
5- 9 years	5	4	9	4	3	7	1	1	2	-	-	-	-	-	-
10-14 years	1	2	3	1	-	1	-	-	-	-	2	2	-	-	-
15-19 years	-	2	2	-	1	1	-	-	-	-	1	1	-	-	-
20-24 years	3	-	3	-	-	-	3	-	3	-	-	-	-	-	-
25-29 years	2	-	2	1	-	1	1	-	1	-	-	-	-	-	-
30-34 years	1	-	1	-	-	-	1	-	1	-	-	-	-	-	-
35-39 years	2	-	2	-	-	-	2	-	2	-	-	-	-	-	-
40 years and over	1	-	1	-	-	-	1	-	1	-	-	-	-	-	-
Total	39	27	66	16	11	27	19	9	28	3	7	10	1	-	1
Average residence in years	9.2	5.4	7.6	5.5	5.0	5.3	14.1	3.2	10.5	1.94	7.5	5.6	.12	-	.12

¹ Idiot I. Q. .24 or less; Imbecile .25-49; Moron .50-74; Not Mentally Defective .75 and over; there were no deaths in this group.

TABLE 133. — *Mental Status and Duration of School Residence during All Admissions of All Patients Dying in State Schools¹—By School and Sex—Continued.*

DURATION OF SCHOOL RESIDENCE.		BELCHERTOWN.											
		TOTAL.			IDIOT.			IMBECILE.			MORON.		
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 year	.	2	2	2	3	—	—	2	—	2	—	—	—
1-4 years	.	4	2	6	3	—	—	1	1	2	—	1	1
5-9 years	.	1	1	2	1	1	2	—	—	—	—	—	—
10-14 years	.	1	—	1	—	—	1	—	—	—	—	—	—
15-19 years	.	—	—	—	—	—	—	—	—	—	—	—	—
20-24 years	.	2	—	2	—	—	—	2	—	2	—	—	—
25-29 years	.	2	—	2	1	—	1	1	—	1	—	—	—
30-34 years	.	—	—	—	—	—	—	—	—	—	—	—	—
35-39 years	.	—	—	—	—	—	—	—	—	—	—	—	—
40 years and over	.	—	—	—	—	—	—	—	—	—	—	—	—
Total	.	12	3	15	6	1	7	6	1	7	—	1	1
Average residence in years	.	11.5	5.2	10.2	10.0	7.5	9.6	13.0	3.5	11.6	—	4.5	4.5

¹ Idiot I. Q. .24 or less; Imbecile .25-.49; Moron .50-.74; Not Mentally Defective .75 and over; there were no deaths in this group.

TABLE 133. — *Mental Status and Duration of School Residence during All Admissions of All Patients Dying in State Schools*¹ — *By School and Sex* — Continued.

DURATION OF SCHOOL RESIDENCE.		WALTER E. FERNALD.											
		TOTAL.			Idiot.			IMBECILE.			MORON.		
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 year	.	—	—	—	—	—	—	1	—	—	—	—	—
1-4 years	.	—	2	2	—	2	2	—	—	—	—	—	—
5-9 years	.	3	2	5	2	2	4	1	—	—	—	—	—
10-14 years	.	—	—	—	—	—	—	—	—	—	—	—	—
15-19 years	.	—	1	1	—	—	—	—	—	—	—	—	—
20-24 years	.	1	—	1	—	—	—	1	—	—	—	1	1
25-29 years	.	—	—	—	—	—	—	—	—	—	—	—	—
30-34 years	.	1	—	1	—	—	—	1	—	—	—	—	—
35-39 years	.	2	—	2	—	—	—	2	—	—	—	—	—
40 years and over	.	1	—	1	—	—	—	1	—	—	—	—	—
Total	.	9	5	14	2	4	6	7	—	7	—	1	1
Average residence in years	.	21.7	8.3	16.9	7.5	6.0	6.5	25.7	—	25.7	—	17.5	17.5

¹ Idiot I. Q. .24 or less; Imbecile .25-.49; Moron .50-.74; Not Mentally Defective .75 and over; there were no deaths in this group.

TABLE 133. — *Mental Status and Duration of School Residence during All Admissions of All Patients Dying in State Schools¹ — By School and Sex — Concluded.*

DURATION OF SCHOOL RESIDENCE.	WRENTHAM.														
	TOTAL.			IDIOT.			IMBECILE.			MORON.			UNKNOWN.		
	M.		T.	M.		T.	M.		F.	T.	M.		F.	T.	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 year	9	1	10	3	1	4	3	7	3	2	—	—	1	—	—
1- 4 years	8	14	22	4	4	8	3	7	3	1	3	—	—	—	—
5- 9 years	1	1	2	1	—	1	—	1	—	1	—	—	—	—	—
10-14 years	—	2	2	—	—	—	—	—	—	—	2	—	—	—	—
15-19 years	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—
20-24 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25-29 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
30-34 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
35-39 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
40 years and over	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	18	19	37	8	6	14	6	8	14	3	5	8	1	—	1
Average residence in years	1.5	4.6	3.9	1.9	5.2	3.3	1.2	3.6	2.3	2.0	6.6	4.8	.12	—	.12

¹ Idiot I. Q. .24 or less; Imbecile .25-49; Moron .50-74; Not Mentally Defective .75 and over; there were no deaths in this group.

TABLE 134. — *Causes of Death and Mental Status¹ of Patients who Died in State Schools — By Sex.*

CAUSES OF DEATH.	TOTAL ALL SCHOOLS.						BELCHERTOWN.					
	TOTAL.		Idiot.		IMBECILE.		MORON.		TOTAL.		Idiot.	
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.
<i>All Causes.</i>												
Epidemic, endemic and infectious diseases:												
Measles	7	6	13	4	1	5	2	3	5	1	2	3
Tuberculosis of the respiratory system	9	5	14	4	3	7	5	5	2	2	2	2
Other forms of tuberculosis	—	2	2	—	1	1	—	—	—	1	1	—
General diseases not included in Class I (above):												
Other general diseases	1	1	2	—	1	1	1	1	—	—	—	1
Diseases of the nervous system and of the organs of special sense:												
Cerebral hemorrhage, apoplexy	1	—	1	1	—	1	—	—	—	—	—	—
General paralysis of the insane	1	1	2	—	—	2	—	—	—	—	—	—
Epilepsy	—	2	2	—	2	2	—	—	—	—	—	—
Other diseases of the nervous system	—	2	2	—	2	2	—	—	1	1	—	1
Diseases of the circulatory system:												
Diseases of the heart	2	1	3	1	—	1	1	1	2	—	—	1
Diseases of the respiratory system:												
Bronchopneumonia	10	4	14	4	3	7	5	5	1	1	2	4
Lobar pneumonia	1	2	3	—	—	—	1	2	3	—	—	—
Other diseases of the respiratory system (tuberculosis excepted)	1	—	1	—	—	—	1	1	—	—	—	—
Diseases of the digestive system:												
Diarrhea and enteritis	2	—	2	1	—	1	1	1	—	—	—	—
Hernia and intestinal obstruction	1	—	1	—	—	—	—	—	—	—	—	—
Other diseases of the digestive system (cancer and tuberculosis excepted)	2	—	2	1	—	1	1	1	—	1	1	—
Non-venereal diseases of the genito-urinary system and annexa:												
Nephritis	—	1	1	—	—	—	—	—	—	—	—	—
Total, all causes	38	27	65	16	11	27	19	9	28	3	7	10
										12	3	15
										6	1	7
										—	1	1

¹ Idiot I. Q. 24 or less; Imbecile I. Q. 25-49; Moron I. Q. 50-74. There were no deaths in the group Not Mentally Defective (I. Q. 75 or over).

TABLE 134. — *Causes of Death and Mental Status¹ of Patients who Died in State Schools — By Sex — Concluded.*

CAUSES OF DEATH.	WALTER E. FERNALD.						WRENTHAM.					
	TOTAL.		IDIOT.		IMBECILE.		MORON.		TOTAL.		IDIOT.	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
<i>All Causes.</i>												
Epidemic, endemic and infectious diseases:												
Measles	2	2	4	—	1	1	—	—	—	7	6	13
Tuberculosis of the respiratory system	—	—	—	—	2	—	—	1	1	2	3	5
General diseases not included in Class I (above):	—	1	1	—	1	1	—	—	—	—	—	—
Other general diseases	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of the nervous system and of the organs of special sense:	1	—	1	1	—	1	—	—	—	—	—	—
Cerebral hemorrhage, apoplexy	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis of the insane	—	1	1	—	—	—	—	—	—	1	1	1
Epilepsy	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of the nervous system	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of the circulatory system:	1	—	1	—	—	1	—	—	—	—	—	—
Diseases of the heart	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of the respiratory system:	1	1	2	1	1	2	—	—	—	5	3	8
Bronchopneumonia	—	—	—	—	—	—	—	—	—	1	2	3
Lobar pneumonia	1	—	1	—	—	1	—	—	—	—	—	—
Other diseases of the respiratory system (tuberculosis excepted)	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of the digestive system:	1	—	1	—	—	1	—	—	—	1	—	1
Diarrhea and enteritis	—	—	—	—	—	—	—	—	—	—	—	—
Hernia, intestinal obstruction	1	—	1	—	—	1	—	—	—	—	—	—
Other diseases of the digestive system (cancer and tuberculosis excepted)	—	—	—	—	—	—	—	—	—	—	—	—
Non-venereal diseases of the genito-urinary system and annexa:	—	—	—	—	—	—	—	—	—	—	—	—
Nephritis	—	—	—	—	—	—	—	—	—	—	—	—
Total, all causes	9	5	14	2	4	6	7	—	7	17	19	36
										8	6	14
										3	5	8

¹ Idiot I. Q. .24 or less; Imbecile I. Q. .25-.49; Moron I. Q. .50-.74. There were no deaths in the group Not Mentally Defective (I. Q. .75 or over).

TABLE 135. — *Present Age of All Patients Resident¹ in State Schools on September 30, 1928 — By School and Sex.*

AGE.	ALL SCHOOLS.			BELCHERTOWN.			WALTER E. FERNALD.			WRENTHAM.		
	M.		T.	M.		T.	M.		T.	M.		T.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	15	6	21	—	—	—	3	1	4	12	5	17
5-9 years	192	93	285	47	19	66	69	31	100	76	43	119
10-14 years	444	239	683	84	42	126	238	77	315	122	120	242
15-19 years	517	431	948	110	107	217	252	125	377	155	199	354
20-24 years	278	401	679	58	108	166	123	107	230	97	186	283
25-29 years	175	262	437	50	64	114	79	66	145	46	132	178
30-34 years	111	204	315	23	50	73	73	70	143	15	84	99
35-39 years	80	130	210	10	26	36	61	61	122	9	43	52
40-44 years	64	85	149	3	20	23	57	42	99	4	23	27
45-49 years	46	43	89	9	5	14	34	31	65	3	7	10
50-54 years	21	30	51	4	8	12	17	17	34	—	5	5
55-59 years	12	19	31	2	6	8	9	9	18	1	4	5
60 years and over	1	13	14	1	4	5	—	8	18	—	1	1
Total	1,956	1,956	3,912	401	459	860	1,015	645	1,660	540	852	1,392
Average age in years	20.71	24.20	22.66	20.13	24.91	22.68	22.62	26.88	24.27	17.57	22.70	20.71

¹ Includes all patients in residence in State Schools, irrespective of I. Q.

TABLE 136. — *Present Age and Duration of School Residence during this Admission of Patients Resident¹ in State Schools on September 30, 1928 — By School and Sex.*
Time Spent in Institution.

PRESENT AGE.	ALL SCHOOLS.														
	TOTAL.			1-10 DAYS.			11-20 DAYS.			21-30 DAYS.			1 MONTH.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	15	6	21	1	4	5	1	3	4	—	—	—	1	8	9
5-9 years	192	93	285	2	2	4	3	4	7	—	—	—	3	11	14
10-14 years	444	239	683	3	5	8	2	2	4	—	—	—	6	6	12
15-19 years	517	431	948	3	1	4	2	2	4	—	—	—	7	9	16
20-24 years	278	401	679	—	—	—	—	1	1	—	—	—	1	2	3
25-29 years	175	262	437	—	—	—	—	1	1	—	—	—	—	—	—
30-34 years	111	204	315	—	—	—	—	—	1	—	—	—	—	—	—
35-39 years	80	130	210	—	—	—	—	—	1	—	—	—	—	—	—
40-44 years	64	85	149	—	—	—	—	—	—	—	—	—	—	—	—
45-49 years	46	43	89	—	—	—	—	—	—	—	—	—	—	—	—
50-54 years	21	30	51	—	—	—	—	—	—	—	—	—	—	—	—
55-59 years	12	19	31	—	—	—	—	—	—	—	—	—	—	—	—
60 years plus	1	13	14	—	—	—	—	—	—	—	—	—	—	—	—
Total	1,956	1,956	3,912	7	9	16	8	11	19	—	6	6	13	15	28
													18	17	35
													24	17	41

¹ Includes all patients resident in State Schools, irrespective of I. Q.

TABLE 136. — *Present Age and Duration of School Residence during this Admission of Patients Resident¹ in State Schools on September 30, 1928 — By School and Sex — Continued.*
Time Spent in Institution — Continued.

PRESENT AGE.	ALL SCHOOLS.—CON.																				
	11 MONTHS.			1 YEAR.			2 YEARS.			3 YEARS.			4 YEARS.			5-9 YEARS.			10-14 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	1	—	1	3	2	5	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
5-9 years	5	2	7	38	22	60	26	15	41	2	20	19	39	14	13	27	11	11	—	—	—
10-14 years	11	2	13	65	32	97	54	28	82	2	48	29	77	89	39	128	94	68	162	5	4
15-19 years	3	3	6	31	41	72	35	41	76	71	41	64	105	71	66	137	207	146	353	59	40
20-24 years	—	2	2	6	28	34	15	21	36	13	6	38	45	13	41	54	104	156	260	88	84
25-29 years	—	3	3	3	9	12	—	7	7	43	3	18	21	6	37	43	52	72	124	39	76
30-34 years	—	1	—	2	2	5	2	5	1	25	1	7	8	4	21	25	25	48	73	8	54
35-39 years	—	1	—	2	1	8	—	1	1	8	1	1	2	3	8	11	11	29	40	9	15
40-44 years	—	—	—	2	2	6	—	7	1	9	1	2	3	4	8	12	4	17	21	4	8
45-49 years	—	—	—	2	—	1	1	—	1	1	—	—	—	—	3	3	10	4	14	2	3
50-54 years	—	—	—	1	—	1	—	—	1	1	—	—	—	1	6	7	2	3	5	—	3
55-59 years	—	—	—	1	1	2	—	—	1	1	—	—	—	—	4	4	1	2	3	—	1
60 years plus	—	—	—	—	—	—	—	—	—	—	—	—	1	—	3	3	1	1	2	—	—
Total	21	13	34	154	148	302	134	128	262	122	186	308	205	249	454	522	546	1,068	214	288	502

¹ Includes all patients resident in State Schools, irrespective of I. Q.

TABLE 136. — *Present Age and Duration of School Residence during this Admission of Patients Resident¹ in State Schools on September 30, 1923 — By School and Sex — Continued.*
Time Spent in Institution — Continued.

PRESENT AGE.		ALL SCHOOLS — CON.														AVERAGE LENGTH OF STAY.						
		15-19 YEARS.		20-24 YEARS.		25-29 YEARS.		30-34 YEARS.		35-39 YEARS.		40 YEARS PLUS.										
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
Under 5 years	.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	76	1.06	.85			
5-9 years	.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.94	2.18	2.02			
10-14 years	.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3.63	4.05	3.79			
15-19 years	.	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	5.69	5.32	5.52			
20-24 years	.	32	18	50	—	—	—	—	—	—	—	—	—	—	—	—	9.27	7.36	8.14			
25-29 years	.	53	33	86	11	—	—	—	—	—	—	—	—	—	—	—	11.99	8.90	10.14			
30-34 years	.	32	41	73	29	13	42	—	—	—	—	—	—	—	—	—	15.27	11.14	12.59			
35-39 years	.	9	36	45	21	15	36	21	5	10	—	—	—	—	—	—	18.44	13.23	15.21			
40-44 years	.	5	18	23	12	12	24	23	13	2	15	5	—	—	—	—	22.34	14.27	17.74			
45-49 years	.	2	11	13	2	2	4	4	7	10	5	15	4	2	6	5	24.76	21.62	23.25			
50-54 years	.	2	5	7	1	3	4	4	1	6	3	9	2	3	5	2	26.06	19.45	22.17			
55-59 years	.	—	4	4	1	—	1	2	2	2	3	5	4	2	6	6	28.67	18.18	22.24			
60 years plus	.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7.50	25.88	24.37			
Total	.	136	166	302	77	45	122	40	23	63	34	17	51	23	14	37	10	11	21	8.31	8.26	8.28

¹ Includes all patients resident in State Schools, irrespective of I. Q.

TABLE 136. — *Present Age and Duration of School Residence during this Admission of Patients Resident¹ in State Schools on September 30, 1928 — By School and Sex — Continued.*
Time Spent in Institution — Continued.

PRESENT AGE.		BELCHERTOWN.																				
		TOTAL.		1-10 DAYS.			11-20 DAYS.			21-30 DAYS.			1 MONTH.			2 MONTHS.			3 MONTHS.			
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
Under 5 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
5-9 years	.	47	19	66	1	1	2	1	4	4	1	1	1	1	1	1	1	1	1	1	1	3
10-14 years	.	84	42	126	1	1	2	2	1	2	1	1	1	1	1	1	1	1	1	1	1	6
15-19 years	.	110	107	217	1	1	2	2	1	2	1	1	1	1	1	1	1	1	1	1	1	1
20-24 years	.	58	108	166	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2
25-29 years	.	50	64	114	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2
30-34 years	.	23	50	73	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2
35-39 years	.	10	26	36	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	3
40-44 years	.	3	20	23	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	3
45-49 years	.	9	5	14	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	6
50-54 years	.	4	8	12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
55-59 years	.	2	6	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
60 years plus	.	1	4	5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Total	.	401	459	860	1	1	2	1	9	10	1	2	2	1	2	3	6	1	7	8	4	12

¹ Includes all patients resident in State Schools, irrespective of I. Q.

NOTE. — No patients in Belchertown over nine years.

TABLE 136. — *Present Age and Duration of School Residence during this Admission of Patients Resident¹ in State Schools on September 30, 1928 — By School and Sex — Continued.*
Time Spent in Institution — Continued.

BELCHERTOWN—CON.																			
PRESENT AGE.			11 MONTHS.		1 YEAR.		2 YEARS.		3 YEARS.			4 YEARS.		5 YEARS PLUS.			AVERAGE.		
			M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Under 5 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
5-9 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
10-14 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
15-19 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
20-24 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
25-29 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
30-34 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
35-39 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
40-44 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
45-49 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
50-54 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
55-59 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
60 years plus	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Total	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	5	4	9	19	28	47	76	20	89	109	59	120	179	148	142	290	4.3	4.0	4.1

¹ Includes all patients resident in State Schools, irrespective of I. Q.

NOTE. — No patients in Belchertown over nine years.

TABLE 136. — *Present Age and Duration of School Residence during this Admission of Patients Resident¹ in State Schools on September 30, 1928 — By School and Sex — Continued.*
Time Spent in Institution — Continued.

PRESENT AGE.	WALTER E. FERNALD — CON.											
	11 MONTHS.		1 YEAR.		2 YEARS.		3 YEARS.		4 YEARS.		5-9 YEARS.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 5 years	4	1	17	8	11	8	2	5	3	2	3	—
5-9 years	8	1	41	8	23	4	24	7	47	10	58	—
10-14 years	1	—	20	14	18	11	3	35	36	22	100	—
15-19 years	—	—	3	16	9	7	3	8	5	5	41	—
20-24 years	—	—	2	6	—	1	2	6	—	10	39	—
25-29 years	—	—	1	4	2	1	1	8	10	10	6	—
30-34 years	—	—	1	3	—	—	—	1	1	3	3	—
35-39 years	—	—	1	4	—	—	—	1	2	3	3	—
40-44 years	—	—	1	1	—	—	1	3	1	2	3	—
45-49 years	—	—	1	—	—	2	1	1	—	3	2	—
50-54 years	—	—	1	—	—	1	—	—	1	1	1	—
55-59 years	—	—	—	—	—	—	—	—	—	—	—	—
60 years plus	—	—	—	—	—	—	—	—	—	—	—	—
Total	14	5	88	57	63	34	57	37	96	54	217	150
											97	84
											367	181

¹ Includes all patients resident in State Schools, irrespective of I. Q.

TABLE 136. — *Present Age and Duration of School Residence during this Admission of Patients Resident¹ in State Schools on September 30, 1928 — By School and Sex — Continued.*

Time Spent in Institution — Continued.

[illegible]

1 Includes all patients resident in State Schools, irrespective of I. Q.

TABLE 136. — *Present Age and Duration of School Residence during this Admission of Patients Resident¹ in State Schools on September 30, 1928 — By School and Sex — Continued.*
Time Spent in Institution — Continued.

PRESENT AGE.	WRENTHAM.																	
	TOTAL.		1-10 DAYS.		11-20 DAYS.		21-30 DAYS.		1 MONTH.		2 MONTHS.		3 MONTHS.		4 MONTHS.			
	M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Under 5 years	12	5	17	-	-	1	-	-	1	-	3	1	1	2	-	-	-	
5-9 years	76	43	119	-	-	1	-	-	4	3	7	4	3	1	4	5	-	
10-14 years	122	120	242	-	-	1	-	-	3	3	6	3	1	-	4	-	-	
15-19 years	155	199	354	-	1	2	-	-	1	1	1	1	1	2	3	1	2	
20-24 years	97	186	283	-	-	-	-	-	-	-	-	-	-	1	1	2	3	
25-29 years	46	132	178	-	-	-	-	-	-	1	1	-	-	-	-	-	-	
30-34 years	15	84	99	-	-	-	-	-	-	-	-	-	-	1	1	-	-	
35-39 years	9	43	52	-	-	-	-	-	-	1	1	-	-	-	-	-	-	
40-44 years	4	23	27	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
45-49 years	3	7	10	-	-	-	-	-	-	-	-	-	1	1	-	-	-	
50-54 years	-	5	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
55-59 years	1	4	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
60 years plus	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total	540	852	1,392	2	5	7	4	1	5	8	10	18	5	7	12	7	3	10

¹ Includes all patients resident in State Schools, irrespective of I. Q.

TABLE 136. — *Present Age and Duration of School Residence during this Admission of Patients Resident¹ in State Schools on September 30, 1928 — By School and Sex — Concluded.*
Time Spent in Institution — Concluded.

PRESENT AGE.	WRENTHAM — CON.														
	2 YEARS.			3 YEARS.			4 YEARS.			5-9 YEARS.			10-14 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
5-9 years	8	6	14	15	9	24	8	8	16	8	36	70	—	8	—
10-14 years	21	17	38	17	9	26	20	19	39	—	36	84	3	4	7
15-19 years	11	13	24	10	22	32	19	26	45	69	84	153	30	25	55
20-24 years	2	2	4	1	9	10	3	11	14	29	78	107	51	64	115
25-29 years	—	1	1	1	5	6	—	9	9	7	32	39	20	54	74
30-34 years	—	3	3	1	2	3	—	—	—	4	13	17	5	40	45
35-39 years	—	1	1	1	2	3	—	1	1	7	7	10	7	17	17
40-44 years	—	2	2	—	2	2	—	1	1	3	3	3	—	5	5
45-49 years	—	—	—	—	—	—	—	—	—	2	1	2	1	2	2
50-54 years	—	—	—	—	—	—	—	—	—	1	1	1	—	—	—
55-59 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
60 years plus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	43	46	89	45	60	105	50	75	125	157	254	411	117	204	321
													32	95	127
													6.99	8.09	7.66

¹ Includes all patients resident in State Schools, irrespective of I. Q.

TABLE 137. — *Present Age, Nativity and Parentage of Patients Resident in State Schools¹ on September 30, 1928 — By School and Sex.*

PRESENT AGE.		ALL SCHOOLS.													
		TOTAL.				NATIVE BORN.								FOREIGN BORN.	
		M.		F.		NATIVE PARENTAGE.		FOREIGN PARENTAGE.		MIXED PARENTAGE.		PARENTAGE UNKNOWN.		M.	F.
						M.	F.	M.	F.	M.	F.	M.	F.		
Under 5 years	.	15	6	21	6	2	2	2	2	5	2	1	1	1	1
5-9 years	.	192	93	285	93	45	25	70	4	45	28	5	6	4	3
10-14 years	.	444	239	683	176	150	91	241	21	101	55	156	6	8	3
15-19 years	.	517	431	948	200	149	349	126	147	143	105	248	21	24	3
20-24 years	.	278	401	679	98	144	242	66	98	161	75	111	186	14	1
25-29 years	.	175	262	437	68	62	130	44	62	106	30	83	113	21	4
30-34 years	.	111	204	315	41	61	102	21	43	64	24	61	85	7	1
35-39 years	.	80	130	210	26	35	61	18	26	44	18	27	45	20	3
40-44 years	.	64	85	149	24	37	61	8	7	15	20	19	39	5	5
45-49 years	.	46	43	89	16	14	30	10	8	11	7	13	4	4	2
50-54 years	.	21	30	51	9	14	23	5	4	4	8	1	5	1	1
55-59 years	.	12	19	31	6	6	12	2	2	2	6	2	4	1	1
60 years plus	.	1	13	14	—	7	17	1	1	1	2	—	3	—	—
Total	.	1,956	1,956	3,912	763	648	1,411	496	516	1,012	479	514	993	85	113
														198	37

¹ Includes all patients resident in State Schools, irrespective of I. Q.

TABLE 137. — *Present Age, Nativity and Parentage of Patients Resident in State Schools¹ on September 30, 1928 — By School and Sex — Continued.*

PRESENT AGE.	WALTER E. FERNALD.																	
	TOTAL.			NATIVE BORN.						FOREIGN BORN.			NATIVITY UNKNOWN.					
				NATIVE PARENTAGE.		FOREIGN PARENTAGE.		MIXED PARENTAGE.							PARENTAGE UNKNOWN.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
Under 5 years . . .	3	1	4	1	-	1	-	1	-	1	-	1	5	-	-	1	1	2
5-9 years . . .	69	31	100	30	10	40	21	8	29	1	1	21	2	5	2	5	3	2
10-14 years . . .	238	77	315	90	28	118	86	22	108	11	11	97	5	7	5	16	1	1
15-19 years . . .	252	125	377	101	47	148	61	36	97	68	33	101	11	4	5	12	2	2
20-24 years . . .	123	107	230	41	27	68	32	36	68	37	29	66	8	13	7	8	4	4
25-29 years . . .	79	66	145	29	16	45	22	22	44	14	18	32	4	5	9	4	1	3
30-34 years . . .	73	70	143	25	22	47	17	15	32	11	27	41	10	1	11	4	5	3
35-39 years . . .	61	61	122	17	17	34	16	15	31	13	26	41	4	5	9	5	10	3
40-44 years . . .	57	42	99	21	17	38	8	2	10	16	10	26	5	4	5	6	10	2
45-49 years . . .	34	31	65	10	7	17	9	6	15	6	7	13	4	4	4	4	6	1
50-54 years . . .	17	17	34	5	2	7	4	3	7	2	3	5	1	1	1	2	3	2
55-59 years . . .	9	9	18	5	2	7	-	2	2	2	4	3	5	1	-	1	1	1
60 years plus . . .	-	8	8	-	5	5	-	-	-	-	1	1	1	-	-	1	2	-
Total . . .	1,015	645	1,660	379	205	584	276	168	444	234	179	413	56	37	93	52	50	102
																18	6	24

¹ Includes all patients resident in State Schools, irrespective of I. Q.

TABLE 137. — *Present Age, Nativity and Percentage of Patients Resident in State Schools¹ on September 30, 1928 — By School and Sex — Concluded.*

PRESENT AGE.	WRENTHAM.																				
	TOTAL.			NATIVE BORN.									FOREIGN BORN.		NATIVITY UNKNOWN.						
				NATIVE PARENTAGE.			FOREIGN PARENTAGE.			MIXED PARENTAGE.							PARENTAGE UNKNOWN.				
				M.	F.	T.	M.	F.	T.	M.	F.	T.					M.	F.	T.	M.	F.
Under 5 years	12	5	17	5	2	7	2	1	3	4	2	6	—	—	—	1	1	2	—	—	—
5-9 years	76	43	119	36	15	51	17	13	30	22	13	35	—	—	—	1	1	2	—	—	—
10-14 years	122	120	242	46	33	79	41	55	96	31	27	58	1	2	3	3	3	6	—	—	—
15-19 years	155	199	354	52	58	110	36	80	116	48	51	99	6	5	11	12	4	16	1	1	2
20-24 years	97	186	283	32	65	97	27	44	71	22	58	80	12	12	24	3	6	9	1	1	2
25-29 years	46	132	178	14	22	36	11	30	41	7	50	57	13	20	33	—	1	5	1	1	2
30-34 years	15	84	99	6	22	28	—	18	18	5	20	25	3	19	22	1	5	5	6	—	—
35-39 years	9	43	52	2	8	10	2	8	10	4	8	12	1	14	15	—	3	3	—	—	—
40-44 years	4	23	27	—	6	6	—	5	5	4	6	10	—	—	3	—	2	2	2	—	—
45-49 years	3	7	10	3	4	7	—	1	1	—	—	2	—	—	—	—	2	2	—	—	—
50-54 years	—	5	5	—	2	2	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
55-59 years	1	4	5	—	2	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
60 years plus	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—
Total	540	852	1,392	196	239	435	137	256	393	147	239	386	36	76	112	21	39	60	3	3	6

¹ Includes all patients resident in State Schools, irrespective of I. Q.

DIRECTORY OF INSTITUTIONS

1. Public Institutions:
 - (a) Hospitals for Mental Diseases.
 - (b) State Schools for Mental Defectives.
2. Private Institutions:
 - (a) For Mental and Nervous Diseases.
 - (b) For Persons Addicted to the Intemperate Use of Narcotics or Stimulants.
 - (c) For Mental Defectives.
 - (d) For Epileptics.

PUBLIC INSTITUTIONS.

HOSPITALS FOR MENTAL DISEASES.

BOSTON PSYCHOPATHIC HOSPITAL (opened 1912 as a Department of the Boston State Hospital. Became a separate hospital December 1, 1920):—

Trustees: William Healy, M.D., Boston, chairman; Channing Frothingham, Jr., M.D., Boston; Carrie Felch, M.D., Boston; Allen W. Rowe, Ph.D., Boston; Mrs. Esther M. Andrews, Brookline; Mr. Charles F. Rowley, Boston; Hon. William J. Sullivan, South Boston.

Trustees' meeting: Second Thursday of each month.

Medical Director: C. Macfie Campbell, M.D.

Chief Executive Officer: Arthur N. Ball, M.D.

Chief Medical Officer: Karl M. Bowman, M.D.

Senior Physicians: Harry A. Schneider, M.D.; Riley H. Guthrie, M.D.; Jackson M. Thomas, M.D.; Harry C. Solomon, M.D.; G. Philip Grabfield, M.D.; Oscar J. Raeder, M.D.; Whitman K. Coffin, M.D.

Assistant Physicians: Gaylord P. Coon, M.D.; Teresa Acree, M.D.; Douglas Noble, M.D.; Mary Palmer, M.D.; Charles B. Sullivan, M.D.; Lauretta Bender, M.D.

Internes: Samuel C. Roth, M.D.; Arnold W. Hackfield, M.D.

Dentist: Peter J. Dalton.

Head Social Worker: Esther C. Cook.

Head Occupational Therapist: Ethelwyn F. Humphrey.

Principal of School of Nursing: Mary Fitzgerald.

Principal Bookkeeper and Treasurer: Elizabeth Libber.

Staff meetings: Every day, except Saturday.

Visiting days: Every day, 2 to 4 P.M., and 6 to 7 P.M.

Location: 74 Fenwood Road, near corner of Brookline Avenue.

BOSTON STATE HOSPITAL (opened 1839):—

Trustees: Henry Lefavour, Boston, chairman; Mrs. Katherine G. Devine, Milton, secretary; Charles B. Frothingham, M.D., Lynn; Mrs. Edna W. Dreyfus, Brookline; J. Waldo Pond, Boston; Albert Evans, M.D., Boston; John A. Kiggen, Hyde Park.

Regular meeting: Third Monday of each month.

Superintendent: James V. May, M.D.

Assistant Superintendent: Roy D. Halloran, M.D.

Senior Assistant Physicians: Mary E. Gill Noble, M.D.; Edmund M. Pease, M.D.; Geneva Tryon, M.D.; Herbert E. Herrin, M.D.; three vacancies.

Assistant Physicians: Ilse R. Lauber, M.D.; Gerald F. Houser, M.D.; Dorothy H. Read, M.D.; Alberta S. B. Guibord, M.D. (School Clinic).

Pathologist: Julius Loman, M.D.

Dentist: George S. Rileigh, D.M.D.

Steward: Arthur E. Gilman.

Treasurer: Adeline J. Leary.

Visiting days: 2 to 4 P.M. daily.

Staff meetings are held four times a week.

Location: East Group, Harvard Street, Dorchester, near Blue Hill Avenue;
West Group, Walk Hill Street, Dorchester; Post Office, Boston 24.

BRIDGEWATER STATE HOSPITAL (opened 1886, 1895): —

Post Office, State Farm; railroad station, Titicut (New York, New Haven & Hartford).

Supervision of Department of Correction: Sanford Bates, Commissioner.

Medical Director: William T. Hanson, M.D.

First Assistant: George H. Maxfield, M.D.

Assistant Physicians: Abraham L. Schwartz, M.D.; Simon Siegar, M.D.

Visiting days: For relatives or friends of patients, every day; for the general public, every day with the exception of Sundays and holidays.

Staff meetings: Daily, at 10 A.M.

Location: One-quarter mile from railroad station.

DANVERS STATE HOSPITAL (opened 1878): —

Post Office, Hathorne; railroad station, Danvers (Boston & Maine).

Trustees: S. Herbert Wilkins, chairman, Salem; James F. Ingraham, Peabody; Arthur C. Nason, M.D., Newburyport; William W. Laws, Beverly; Anna P. Marsh, Danvers; Annie T. Flagg, North Andover; one vacancy.

Regular meeting: Second Thursday of each month.

Superintendent: Clarence A. Bonner, M.D.

Assistant Superintendent: Edgar C. Yerbury, M.D.

Assistant Physicians: Dupre M. Hall, M.D.; Romeo J. Lapierre, M.D.; Edwin D. Lee, M.D.; H. L. Clow, M.D.; John R. Bloomberg, M.D.; William J. Johnson, M.D.; Rose R. Donk, M.D.

Resident Dentist: Charles H. Endee, D.D.S.

Treasurer: Miss Gladys Leach.

Steward: Adam D. Smith.

Visiting days: Every day.

Staff meeting: Daily, 8.00 A.M.

Location: Maple and Newbury Streets, Danvers, two and one-half miles from railroad station.

FOXBOROUGH STATE HOSPITAL (opened 1893. Devoted exclusively to the care of the insane since June 1, 1914): —

Trustees: Charles A. Littlefield, Lynn, chairman; Bennet B. Bristol, Foxborough, secretary; Claire H. Gurney, Wollaston; Minna R. Mulligan, Natick; Thomas J. Scanlan, M.D., Boston; William H. Bannon, Foxborough; Horace A. Keith, Brockton.

Regular meeting: Second Wednesday of each month.

Superintendent: Roderick B. Dexter, M.D.

Assistant Superintendent: — — —

Senior Physicians: Cornelia B. J. Schorer, M.D.; George A. Gaunt, M.D.; David Rothschild, M.D. (Pathologist).

Assistant Physicians: Raymond A. Johnson, M.D.; Hyman J. Weisman, M.D.

Treasurer: Harriett S. Bayley.

Steward: Howard F. Irish.

Visiting days: Every day from 9 to 11 A.M. and 2 to 4 P.M.

Staff meetings: Daily, except Sundays and holidays, at 8.30 A.M.

Location: One mile north of Foxborough Center.

GARDNER STATE COLONY (opened 1902): —

Post office, East Gardner, Mass.; railroad station, East Gardner, Mass.

Trustees: Frederic A. Washburn, M.D., Boston, chairman; Mrs. Amie H. Coes, Worcester, secretary; Owen A. Hoban, Gardner; George A. Marshall, Fitchburg; Miss Grace Nichols, Boston; Thomas H. Shea, Fitchburg; Thomas R. P. Gibb, Rockport.

Regular meeting: First Friday occurring on or after the fourth day of each month.

Superintendent: Charles E. Thompson, M.D.

Assistant Superintendent: Lonnie O. Farrar, M.D.

Senior Assistant Physician: Frederick P. Moore, M.D.

Assistant Physicians: Harold K. Marshall, M.D.; Mary Danforth, M.D.; William A. Hunter, M.D.

Dentist: J. Herbert Maycock, D.D.S.

Treasurer: Gertrude W. Perry.

Steward: Myron L. Marr.

Visiting days: Every day at any hour, including Sundays and holidays.

Staff meetings: Daily, 8-9 A.M.

Location: East Gardner, two minutes' walk from East Gardner railroad station.

GRAFTON STATE HOSPITAL, formerly Worcester State Asylum (opened 1877): —

Trustees: Winslow P. Burhoe, Boston; Margaret A. Cashman, Newburyport, secretary; Ernest L. Anderson, Worcester; Frank B. Hall, Worcester, chairman; Francis Prescott, Grafton; Flora M. Cangiano, Hingham; Enos H. Bigelow, M.D., Framingham.

Superintendent: Harlan L. Paine, M.D.

Assistant Superintendent: H. L. Horsman, M.D.

Assistant Physicians: Mary Johnson, M.D.; H. Wilbur Smith, M.D.; James L. McAuslan, M.D.; John P. Powers, M.D.; John P. Tierney, M.D.; Anna C. Wellington, M.D.

Treasurer: Susie G. Warren.

Steward: John McRae.

Dentist: George O. Tessier, D.M.D.

Visiting days: For relatives or friends, every day; for the general public, every day except Sunday.

Location: The hospital is situated on the main line of the Boston & Albany Railroad, between Worcester and Westborough, about eight miles from Worcester, and can be reached by bus from Worcester or from the Westborough or North Grafton stations of the Boston & Albany Railroad, or from the Lyman Street crossing of the Boston & Worcester electric cars.

Correspondence relating to patients at the Grafton Hospital should be addressed to the Superintendent, Grafton State Hospital, North Grafton, Mass.

MEDFIELD STATE HOSPITAL (opened 1896): —

Post office, Harding; railroad station, Medfield Junction (New York, New Haven & Hartford Railroad).

Trustees: Walter Rapp, Brockton, chairman; Christian Lantz, Salem, secretary; Mrs. Carolyn B. Odell, Cambridge; Eugene M. Carman, Somerville; George O. Clark, M.D., Boston; Danforth Comins, Concord; Mrs. Louise Williams, Taunton.

Regular meeting: Second Friday of each month.

Superintendent: Elisha H. Cohoon, M.D.

Assistant Superintendent: Samuel Smith Cottrell, M.D.

Assistant Physicians: George A. Troxell, M.D.; George E. Poor, M.D.; William T. Cluney, M.D.; Clifford D. Moore, M.D.; Vicente A. Navarro, M.D.; Bernard S. Robbins, M.D.; Foster L. Vibber, M.D.; Grace T. Cragg, M.D.

Dentist: Elton V. Faass, D.M.D.

Treasurer: Miss Josephine M. Baker.

Steward: Louis A. Hall.

Staff meetings: Every morning, except Sunday.

Location: Hospital Road, one mile from Medfield Junction railroad station.

MONSON STATE HOSPITAL (opened 1898): —

Post office and railroad station, Palmer (Boston & Albany).

Trustees: George A. Moore, M.D., Palmer, chairman; Mrs. Mary B. Townsley, Springfield; Warren H. Hamilton, Chicopee Falls; George D. Storrs, Ware; Mrs. Elizabeth Hormel, Roxbury; Henry K. Hyde, Ware, secretary.

Regular meeting: First Thursday of each month.

Superintendent: Morgan B. Hodskins, M.D.

Assistant Superintendent: Earl K. Holt, M.D.

Senior Assistant Physicians: Donald J. MacLean, M.D.; Samuel O. Miller, M.D.

Senior Assistant Physician (Pathology): Paul I. Yakovlev, M.D.

Assistant Physician: Lucie G. Forrer, M.D.

Treasurer: Sarah E. Spalding.

Steward: Charles F. Simonds.

Visiting days: Every day.

Staff meetings: Every day, except Sundays and holidays, at 8.30 A.M.

Location: One mile from railroad station.

NORTHAMPTON STATE HOSPITAL (opened 1858):

Trustees: Laurence D. Chapin, M.D., Springfield; Albert M. Darling, Sunderland; George C. Lunt, Greenfield; Mrs. Emily N. Newton, secretary, Wellesley; Miss Caroline A. Yale, Northampton; Walter L. Stevens, chairman, Northampton; Charles L. King, Chicopee Falls.

Regular meeting: First Thursday of each month.

Superintendent: John A. Houston, M.D.

Assistant Superintendent: Edward W. Whitney, M.D.

Senior Physicians: B. Angela Bober, B.A., M.D.; Harriet W. Whitney, M.D.

Assistant Physicians: Elizabeth Thomas Hill, M.D.; Harry J. Hill, M.D.;

Ruth Tustin, M.D.; Albert Bourcier, M.D.

Dentist: Lucien H. Harris, D.D.S.

Treasurer: Eva L. Graves.

Steward: Frank W. Smith.

Visiting days: For relatives and friends, Tuesdays, Fridays and Saturdays, on which days members of the medical staff are in attendance to consult with visitors; but if impossible to come on those days, visitors may come on any day but Sunday, which is visiting day only in emergency cases.

Location: Prince Street ("Hospital Hill"), Northampton, one and one-half miles from the railroad station, reached by taxi-cab (Massachusetts Central and Connecticut River branches of Boston & Maine; and New Haven and Holyoke, Northampton branches of the New York, New Haven & Hartford).

TAUNTON STATE HOSPITAL (opened 1854):—

Trustees: Arthur B. Reed, North Abington, chairman; Mrs. Elizabeth C. M. Gifford, Boston, secretary; Asa A. Mills, Fall River; Charles C. Cain, Jr., Taunton; Julius Berkowitz, New Bedford; Mary B. Besse, Wareham; Samuel Stone, Attleboro.

Regular meeting: Second Thursday of each month.

Superintendent: Ralph M. Chambers, M.D.

Assistant Superintendent: Joseph E. Barrett, M.D.

Senior Assistant Physician: H. Sinclair Tait, M.D.

Assistant Physicians: F. O. King, M.D.; Henry Rapaport, M.D.; Wiggin L. Merrill, M.D.; Louisa E. Boutelle, M.D.

Dentist: George A. Harris, D.D.S.

Treasurer: Frank W. Boynton.

Steward: Frederick H. Bradford.

Visiting days: Every day.

Staff meetings: Daily, 8.15 A.M.

Location: Hodges Avenue, one mile from railroad station (New York, New Haven & Hartford).

MENTAL WARDS, STATE INFIRMARY (opened 1866):—

Post office, Tewksbury; railroad station, Baldwin (Western Division, Boston & Maine), Tewksbury.

Trustees: Mrs. Nellie E. Talbot, Brookline, secretary; G. Forrest Martin, Lowell, chairman; Francis W. Anthony, M.D., Haverhill; Dennis D.

Sullivan, Middleborough; Mrs. Mary E. Cogan, Stoneham; Walter F. Dearborn, M.D., Cambridge; Robert G. Stone, Brookline.

Regular meeting: Usually first Tuesday of month.

Superintendent: John H. Nichols, M.D.

Assistant Superintendent and Physician: George A. Pierce, M.D.

Assistant Physicians: Charles L. Trickey, M.D.; Edward J. O'Donoghue, M.D.; Charles J. Carden, M.D.; Arthur K. Drake, M.D.; James F. Lawler, M.D.; Samuel A. Dibbins, M.D.; Jessie W. Robertson, M.D.; Ransom Wells, M.D.; Peter W. Kaszett, M.D.

Dentist: Charles D. Broe, D.M.D.

Visiting days: Every day from 10 A.M. to 4 P.M.

Staff meetings: Daily, at 8 A.M.

Location: About one-half mile from railroad and from electric cars. Automobile from Infirmary meets most of the trains.

WESTBOROUGH STATE HOSPITAL (opened 1886):—

Trustees: N. Emmons Paine, M.D., West Newton, chairman; Miss Flora L. Mason, Taunton, secretary; Sewall C. Brackett, Boston; Thomas F. Dolan, Newton; John A. Frye, Marlborough; Charles L. Nichols, M.D., Worcester; Mrs. Emily Young O'Brien, Dedham.

Regular meeting: Second Thursday of each month.

Superintendent: Walter E. Lang, M.D.

Assistant Superintendent: Rollin V. Hadley, M.D.

Senior Physicians: William C. Gaebler, M.D.; one vacancy.

Assistant Physicians: Emma H. Fay, M.D.; Ronald B. McIntosh, M.D.; Betsy Coffin, M.D.; J. Merrill Olson, M.D.

Pathologist: Lydia B. Pierce, M.D.

Dentist: Anthony B. Grady, D.D.S.

Steward: P. I. Wiley.

Treasurer: Carrie G. Poor.

Visiting days: Every day.

Staff meetings: Daily.

Location: Two and one-quarter miles from Westborough Station (Boston & Albany); one mile from Talbot Station (New York, New Haven & Hartford R.R.).

WORCESTER STATE HOSPITAL (opened 1833):—

Trustees: Edward F. Fletcher, Worcester, chairman; William J. Delahanty, M.D., Worcester; John G. Perman, D.D.S., Worcester; Howard D. Cowee, Worcester; William J. Thayer, Worcester; Mrs. Anna C. Tatman, Worcester; Mrs. Frank Dresser, Worcester.

Regular meeting: Second Tuesday of each month.

Superintendent: William A. Bryan, M.D.

Assistant Superintendent: ———

Clinical Director: Francis H. Sleeper, M.D.

Assistant Physicians: Michael J. O'Meara, M.D.; Jacob Goldwyn, M.D.; S. Spafford Ackerly, M.D.; Clifton T. Perkins, M.D.; Lyman Orton, M.D.; Arthur T. Whitney, M.D.; Nathan Baratt, M.D.; Morris Yorshis, M.D.; Ceasario DeAsis, M.D.

Pathologist: ———

Dentist: Alfred J. Normandin.

Steward: Herbert W. Smith.

Treasurer: Jessie M. D. Hamilton.

Visiting days: Tuesdays, Saturdays, Sundays, 9-11 A.M., 1.30 to 4.30 P.M.

Staff meetings: Daily.

Location: Belmont Street, Worcester, one and a half miles from Union Station (Boston & Albany; New York, New Haven & Hartford; and Boston & Maine).

The Summer Street Department is located in the building formerly known as the Worcester State Asylum, on Summer Street, Worcester, about five

minutes' walk from the Union Station (Boston & Albany; New York, New Haven & Hartford; and Boston & Maine).

Correspondence relating to patients should be addressed to the Superintendent, Worcester State Hospital, Worcester, Mass.

Correspondence intended for the Steward or Treasurer of the Hospital should be addressed to the Worcester State Hospital, Worcester, Mass.

STATE SCHOOLS FOR MENTAL DEFECTIVES.

BELCHERTOWN STATE SCHOOL (for feeble-minded; opened 1922):—

Post office and railroad station, Belchertown, Mass. (Boston & Maine and Central Vermont Railroad).

Trustees: Theodore S. Bacon, M.D., Springfield; John R. Callahan, Holyoke; Miss Frances E. Cheney, Northampton; Mrs. Henry F. Nash, Greenfield; James L. Harrop, Worcester; F. A. Farrar, Northampton; Edwin C. Gilbert, M.D., Indian Orchard.

Regular meeting: Second Thursday of each month.

Superintendent: George E. McPherson, M.D.

Senior Assistant Physician: Karl V. Quinn, M.D.

Assistant Physicians: Ella J. Goodale, M.D.; Ray H. Shattuck, M.D.; Elizabeth Kundert, M.D.

Dentist: Arthur E. Westwell, D.M.D.

Steward: C. Herbert Camp.

Treasurer: Dora B. Wesley.

Visiting days: Every day, 9.30 to 11.30 A.M., 1.30 to 4.30 P.M., and at other times by special permission.

Staff meetings: Daily, at 9 A.M.

Location: One-quarter mile from railroad station, on the state road to Holyoke, and one-half mile from the centre of the town.

WALTER E. FERNALD STATE SCHOOL AT WALTHAM (opened 1848):—

Post office and railroad station, Waverley (Boston & Maine).

Trustees appointed by the Governor: Francis J. Barnes, M.D., president, Cambridge; Prof. Thomas N. Carver, Cambridge; Theodore Chamberlin, M.D., Concord; Rev. Russell H. Stafford, Brookline; Mrs. Helen C. Taylor, Newton; Moses H. Gulesian, Chestnut Hill.

Trustees appointed by the Corporation: Stephen Bowen, Boston, treasurer; Charles Francis Adams, Concord, vice-president; Charles E. Ware, Fitchburg, secretary; Roger S. Warner, Boston; Francis H. Dewey, Worcester; Paul R. Withington, M.D., Milton.

Quarterly meeting: Second Thursday of October, January, April, and July.

Superintendent: Ransom A. Greene, M.D.

Assistant Superintendent: C. Stanley Raymond, M.D.

Senior Physicians: Anna M. Wallace, M.D.; Edith E. Woodill, M.D.; L. Maude Warren, M.D.; Esther S. B. Woodward, M.D.

Assistant Physicians: Mary T. Muldoon, M.D.; Charles S. Woodall, M.D.

Treasurer: Emily E. Guild.

Steward: John F. Donnell.

Visiting days: For the parents or friends of the patients, Wednesday, Thursday and Saturday afternoons, and the first Sunday of each month; for the general public, every day except Sunday.

Staff meetings: Daily, at 9 A.M.

Location: About one mile from Waverley station (Fitchburg Division and Southern Division, Boston & Maine), or Boston Elevated from Harvard Square.

WRENTHAM STATE SCHOOL (opened 1907):—

Post office and railroad station, Wrentham.

Trustees: Albert L. Harwood, Newton, chairman; Herbert C. Parsons, Brookline, secretary; George W. Gay, M.D., Newton; Mrs. Mary Stewart Scott, Brookline; Miss Katherine D. Hardwick, Quincy; John H. Ratigan, Boston; Judge Philip Rubenstein, Cambridge.

Regular meeting: Second Thursday of every month.

Superintendent: George L. Wallace, M.D.

Senior Physicians: Mildred A. Libby, M.D.; Alice M. Patterson, M.D.; Raymond A. Kinmonth, M.D.

Assistant Physicians: Genevieve Gustin, M.D.; Wilfred J. Cochrane, M.D.

Dentist: John A. Nash, D.M.D.

Steward: Perry E. Curtis.

Treasurer: Elizabeth Oldham.

Visiting days: Every day.

Location: Emerald Street, Wrentham, one mile from railroad station (New York, New Haven & Hartford Railroad). One-half mile from Winter Street stop, Boston and Providence bus line.

PRIVATE INSTITUTIONS.

FOR THE CARE OF MENTAL AND NERVOUS DISEASES.

BOURNEWOOD, George H. Torney, M.D., 300 South Street, Brookline. Railroad station, Bellevue (Dedham Division, New York, New Haven & Hartford). Fifteen minutes' walk. Carriage by previous arrangement.

CHANNING SANITARIUM, Donald Gregg, M.D., Wellesley Avenue, Wellesley.

DR. REEVES' NERVINE, Harriet E. Reeves, M.D., 283 Vinton Street, Melrose Highlands.

GLENSIDE, Mabel D. Ordway, M.D., 6 Parley Vale, Jamaica Plain.

HERBERT HALL HOSPITAL, Walter C. Haviland, M.D., 223 Salisbury Street, Worcester. Salisbury Street electric car from City Hall Square.

KNOLLWOOD, Earl E. Bessey, M.D., 1690 Beacon Street, corner Beacon Street and Waban Avenue, Waban (Boston & Albany).

McLEAN HOSPITAL, for Nervous and Mental Patients (opened 1818):—

Department of the Massachusetts General Hospital Corporation.

Post office and railroad station, Waverley (Boston & Maine R.R.).

Honorary President: Henry P. Walcott, M.D., Cambridge.

President: George Wigglesworth, Esq., Boston.

Vice-President: Henry S. Hunnewell, Boston.

Treasurer: Phillips Ketchum, Esq., Boston.

Secretary: Francis C. Gray, Esq., Boston.

Trustees appointed by the Governor: Joseph H. O'Neil, Boston; Mrs. Nathaniel Thayer, Boston; Thomas B. Gannett, Boston; Edwin S. Webster, Boston.

Trustees appointed by the Corporation: William Endicott, Boston, chairman; Nathaniel T. Kidder, Boston; John R. Macomber, Boston; Sewall H. Fessenden, Boston; Robert Homans, Esq., Boston; Algernon Coolidge, M.D., Boston; Henry K. Sherrill, Boston; Phillips Ketchum, Esq., Boston. Regular meetings: Usually at the office of the Treasurer, 1 Federal Street, Boston, on Fridays at intervals of two weeks, beginning sixteen days after the first Wednesday in February.

Medical Superintendent: Frederic H. Packard, M.D.

Senior Physicians: Kenneth J. Tillotson, M.D.; Sidney M. Bunker, M.D.

Assistant Physician and Pathologist: Ray L. Whitney, M.D.

Pathological Psychologist: Helge Lundholm, Ph.D.

Assistant in Pathological Psychology: George E. Gardner, M.A.

Chemist: Otto Folin, Ph.D.

Pathological Chemist: John C. Whitehorn, M.D.

Assistant to the Chemist: Harold J. Bean.

Physiologist: Walter B. Cannon, M.D.

Assistant Physicians: Thomas H. Gleeson, M.D.; James E. Mayne, M.D.

Staff meetings: Regularly, Tuesdays and Thursdays, at 8.30 A.M.; irregularly on other days at the same hour.

Location: Pleasant Street, one-third mile from railroad station.

PRIVATE HOSPITAL FOR MENTAL DISEASES, Edward Mellus, M.D., 419 Waverley Avenue, Newton. Carriage. Or Commonwealth Avenue car to Grant Avenue.

RING SANATORIUM AND HOSPITAL, Inc., Arthur H. Ring, M.D., Arlington Heights. Carriage.

U. S. VETERANS' HOSPITAL No. 95, Northampton, Mass. (for beneficiaries of the U. S. Veterans' Bureau, suffering from nervous or mental disease; opened May 12, 1924): —

Under control of the U. S. Veterans' Bureau.

Director: General Frank T. Hines.

Medical Director: Winthrop Adams, M.D.

Medical Officer in Charge: Appleton Howe Pierce, M.D.

Assistant Medical Officer in Charge and Clinical Director: William J. Vivian, M.D.

Ward Surgeons: Darley G. Plumb, M.D.; Philip A. Shinn, M.D.; Morris Zellin, M.D.; Fred E. Steele, Jr., M.D.; James E. Keirans, M.D.; Edward S. Jones, M.D.; George R. Gates, M.D.

Chief X-ray Service: Richard T. Powers, M.D.

Chief Clinical Laboratory: Philip A. Shinn, M.D.

Chief Dental Service: Paul O. Fallon, M.D.

Reconstruction Officer: Fred E. Steele, Jr., M.D.

Consultant in Psychoneurosis and Neurology: George Clymer, M.D.

Consultant in Syphilology and Psychiatry: Harry C. Solomon, M.D.

Consultant in Ear, Nose and Throat: Joseph D. Collins, M.D.

Consultant in Eye Work: Frank E. Dow, M.D.

Consultant in Surgery: Edward W. Brown, M.D.

Consultant in Roentgenology: Richard T. Powers, M.D.

Staff meetings: Daily, with the exception of Saturdays and Sundays. Time of meetings: 11 A.M.

Location: North Main Street, Florence, Massachusetts. One mile beyond the village of Florence, on the Berkshire Trail. Trolley connection from Northampton.

U. S. VETERANS' HOSPITAL No. 107, Bedford, Mass. (for beneficiaries of the U. S. Veterans' Bureau, suffering from nervous or mental diseases; opened July 17, 1928): —

Under control of U. S. Veterans' Bureau.

Director: General Frank T. Hines, Washington, D. C.

Medical Director: Winthrop Adams, M.D.

Medical Officer in Charge: William M. Dobson, M.D.

Clinical Director: Walter P. Burrier, M.D.

Ward Surgeons: John J. Thompson, M.D.; A. R. Woods, M.D.; W. T. Merrill, M.D.; J. A. Kaplan, M.D.

Chief Clinical Laboratory: David L. Williams, M.D.

Chief Dental Service: Bertram H. Sawyer (Dental Surgeon).

Consultant in Psychoneurosis and Neurology: George Clymer, M.D.

Consultant in Syphilology and Psychiatry: Harry C. Solomon, M.D.

Consultant in Tuberculosis: Ernest D. Hatch, M.D.

Consultant in Ear, Nose and Throat: James G. Kirby, M.D.

Consultant in Eye Work: Paul Chandler, M.D.

Consultant in Surgery: Henry C. Marble, M.D.

Consultant in Roentgenology: John W. Meachen, M.D.

Consultant in Internal Medicine: Philip Grabfield, M.D.

Staff meetings: Daily with the exception of Saturdays and Sundays. Time of meetings: 11.00 A.M.

Location: Springs Road, Bedford, Mass. One mile in from State Highway.

Bus connection from Arlington Heights, Mass.

WESTWOOD LODGE, Wm. J. Hammond, M.D., Westwood.

WISWALL SANITARIUM, Harry O. Spalding, M.D., 203 Grove Street, Wellesley.
Also at Cartwright Road, Needham.

FOR THE CARE OF PERSONS ADDICTED TO THE INTEMPERATE USE OF NARCOTICS
OR STIMULANTS.

PRIVATE HOSPITAL, Frederick L. Taylor, M.D., 45 Center Street, Roxbury.

WASHINGTONIAN HOME, Hugh Barr Gray, M.D., 41 Waltham Street, Boston.

FOR THE CARE OF MENTAL DEFECTIVES.

CLARKE SCHOOL, Miss Edith Clarke, 16 Summit Street, Newton.

ELM HILL PRIVATE SCHOOL AND HOME FOR THE FEEBLE-MINDED, George A. Brown, M.D., Barre (Central Massachusetts Branch, Boston & Maine).

FREER SCHOOL, Miss Cora E. Morse, 31 Park Circle, Arlington Heights.

GLENN SCHOOL, Mrs. Bernice G. McPhee, 15 Glen Road, Newton Lower Falls.

THE HOSPITAL COTTAGES FOR CHILDREN, Baldwinville (incorporated and opened 1882):—

President: Herbert S. Morley, Baldwinville; Clerk, William Woodward, Worcester.

Trustees appointed by the Governor: H. S. Morley, Baldwinville; George B. Dewson, Milton; Arthur H. Lowe, Fitchburg; J. K. Dexter, Springfield; Miss Edith H. Sears, Boston.

Trustees appointed by the Corporation: Frederick A. Turner, Jr., Boston; Mrs. Arthur R. Smith, Leicester; G. W. Mackintire, Worcester; Dr. H. W. Page, Worcester; Dr. John G. Henry, Winchendon; Mrs. J. M. Lasell, Whitinsville; Mrs. Philip Weston, Pittsfield; Mrs. Paul M. Hubbard, Boston; Mrs. Edward W. Hutchins, Boston; William Woodward, Worcester; Edward F. Mann, Worcester; Rev. Francis W. Gibbs, Fitchburg; Mrs. Herbert C. Fisher, Worcester.

Quarterly meeting: Third Wednesday of January, April, July and October.

Superintendent: Harold C. Arey, M.D.

Psychologist and Assistant Physicians: Everett Flood, M.D.; Jennie M. Arey, M.D.

Treasurer: U. Waldo Cutler.

Visiting days: Every day except Sundays.

Location: Hospital Street, one mile from railroad station (Ware River branch, Boston & Albany, and Boston & Maine).

PERKINS SCHOOL OF ADJUSTMENT, Franklin H. Perkins, M.D., Lancaster.

STANDISH MANOR, Miss Alice M. Myers, Halifax.

FOR THE CARE OF EPILEPTICS.

WOODLAWN SANITARIUM, Dr. Evan A. Robertson, 500 Crafts Street, West Newton.



The Commonwealth of Massachusetts

REPORT OF THE DEPARTMENT OF MENTAL DISEASES NOVEMBER 30, 1929.

COMMISSIONER.

GEROGE M. KLINE, M. D. Beverly

ASSOCIATE COMMISSIONERS.

JOHN B. TIVNAN Salem
HENRY M. POLLOCK, M. D. Boston
CHARLES G. DEWEY, M. D. Boston
ELMER A. STEVENS Somerville

ASSISTANT COMMISSIONER.

THEODORE A. HOCH, M. D. Belmont

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The Commonwealth of Massachusetts

STATE HOUSE, BOSTON.

To His Excellency the Governor and the Honorable Council:

The undersigned, Commissioner of the Massachusetts Department of Mental Diseases, respectfully submits the tenth annual report of the Department for the year ending November 30, 1929. The matters relating to general statistics, however, cover the year ending September 30.

GEORGE M. KLINE,
Commissioner.

JOHN B. TIVNAN,
HENRY M. POLLOCK,

CHARLES G. DEWEY,
ELMER A. STEVENS,

Associate Commissioners.

REPORT OF THE MASSACHUSETTS DEPARTMENT OF MENTAL DISEASES

Foreword.

Attention is invited to this annual report for the year 1929, representing as it does a rather distinct departure from the annual reports previously issued by this Department, and which further enlarges upon the new data already presented in our 1928 report. During the past four years, the Department has been engaged in the organization and installation of a new statistical system which for the first times makes available information previously impossible to obtain. While the report for the year 1928 contains a wealth of new information, the 1929 report contains several new items and an enlargement of the material which it is believed will be of great value to those interested in psychiatry.

Duties of the Department.

The Department has general supervision of all public and private institutions for the mentally ill, feeble-minded, epileptic and for persons in private hospitals addicted to the intemperate use of narcotics and stimulants. It has the right to make investigations and recommendations as to any matter relating to the classes under care, but the local administration of each State institution, however, is under the control of its own Board of Trustees appointed by the Governor and Council.

The direct powers of the Department concern the inter-relations of institutions and matters which are common to them all, such as the distributions and transfers of patients between them, deportations of patients to other States and countries, claim to support as state charges in institutions, etc.

The work of construction under special appropriations for new buildings and unusual repairs is under the control of the Department, and also expenditures of money for such purposes. The Department is required to prepare plans for buildings and also to select land to be taken by the Commonwealth for new or existing institutions.

All requirements for maintenance appropriations are analyzed by the Department.

The statutes relating to the Department of Mental Diseases are to be found in Chapters 19 and 123 of the General Laws.

Changes in Personnel.

C. STANLEY RAYMOND, M. D.

Dr. C. Stanley Raymond, Assistant Superintendent of the Walter E. Fernald State School, was appointed Assistant to the Commissioner of this Department on June 1, 1929.

Dr. Raymond was graduated from Tufts College Medical School in 1906. Following graduation he served six years on the medical staff of the Northampton State Hospital and two years at the State Infirmary, Tewksbury. In December, 1915, he was appointed Assistant Superintendent of the Walter E. Fernald State School at Waverley, Mass., which position he held until his appointment as Assistant to the Commissioner of this Department.

ROY D. HALLORAN, M. D.

Dr. Roy D. Halloran, Assistant Superintendent of the Boston State Hospital, was appointed Assistant to the Commissioner of this Department on August 1, 1929, to succeed Dr. Lewis B. Hill who resigned to accept a position at the Sheppard and Enoch Pratt Hospital, Towson, Maryland. Dr. Halloran was graduated from Dartmouth College with the degree of A. B.; and from the College of Physicians and Surgeons, Columbia University, with the degree of M. D. For two years following graduation he served on the staff of the Newark City Hospital, Newark, N. J. In 1922 he was appointed to the staff of the Boston State Hospital, Dorchester Center, Mass., serving as Assistant Superintendent from May, 1928 until his present appointment. From October, 1917 to December, 1918 Dr. Halloran was a member of the Medical Enlisted Reserve Corps. He is Instructor in Psychiatry at Tufts College Medical School, and has written several articles dealing with the subject of mental disease.

Activities of the Department.

THE METROPOLITAN HOSPITAL.

The work of building the hospital was continued through the year by constructing such buildings as would make it an operating institution. The administration building, nurses' home and three continued-treatment buildings were completed and accepted. Five more continued-treatment buildings and the boiler house were practically finished and contracts were awarded for the dining, kitchen and store building, laundry building, garage and connecting tunnels, work being pushed with all possible speed so that the institution could be furnished and made ready for the acceptance of patients during 1930. These buildings provide accommodations for 1248 patients. During the latter part of 1929 about 100 patients were transferred on visit from other institutions to assist in cleaning the building and placing furnishings in anticipation of permanent occupancy.

Work on roads, water, sewer, electricity and gas mains were completed to a point where, with the completion of the kitchen and the refrigeration plant the institution can be opened to receive patients up to the full number of the present ward accommodations.

MENTAL CONDITION OF PERSONS COMING BEFORE THE COURTS.

In order to determine the mental condition of any person coming before any court of the Commonwealth the judge may at his discretion request the Department to assign a member of the medical staff of a State hospital to make such examination as he may deem necessary. This is in accordance with the provisions of Section 99, Chapter 123, General Laws. Requests for examinations under this section for the past four years have been as follows: 1926 — 12; 1927 — 13; 1928 — 13; 1929 — 23.

Under the provisions of Section 100A of Chapter 123 of the General Laws, as amended by Chapter 105 of the Acts of 1929, the clerk of the court is required to give notice to the Department of persons indicted by the Grand Jury for capital offense or wherever a person who is known to have been indicted for any other offense more than once or to have been previously convicted of a felony is indicted by a Grand Jury or bound over to trial in the Superior Court. This provision of

law is known as the "Briggs Law," inasmuch as Dr. L. Vernon Briggs was the author of this bill. The amendment of 1929 calling upon the probation officer, whose duty is to ascertain the previous record of the defendant, to communicate his knowledge to the clerk, has resulted in a marked increase, both in the total number of cases reported, and in the number reported by the district courts when bound over for the action of the Grand Jury. The figures for the last four years have been as follows:

Year	Number Reported	Number Examined
1926	110	74
1927	177	121
1928	226	172
1929	370	283

Since 1921, when this law became effective, there have been 1114 cases reported, and of this number 844 persons have been examined.

A RECENT SURVEY OF THE HOUSING AREAS FOR PATIENTS IN ALL INSTITUTIONS UNDER THE DEPARTMENT: A PRELIMINARY REPORT.

In 1927 the Commissioner determined upon a survey of the housing areas in all institutions under the Department. This work was placed under the direction of Dr. Roderick B. Dexter, at that time Assistant to the Commissioner, who is at the present time Superintendent of the Foxborough State Hospital. Dr. Dexter has continued his general supervision of the survey since leaving the Department.

Experience has shown that any State department having a general supervision over activities in which a housing problem is involved must have some means whereby an accurate record may be kept of all housing facilities.

There are two outstanding reasons why this is so. First, the establishment of a quota of patients for each institution must be based upon its actual capacity. In any institution conditions are likely to arise which may make it necessary to divert the use of a space from its original purpose to some other. For example, the building of a congregate dining room may make available more space for dormitories or day rooms, whereas the installation of a hydro-therapeutic suite on a ward may reduce the patient capacity. Secondly, there is the necessity of knowing the facilities available at any given time in order that the need for increased accommodation can be accurately determined before attempting to secure legislative approval and the appropriation of money for the erection of additional buildings.

The chief object of this report is to show the method of survey now in use in Massachusetts and the reasons why such method was adopted. The present survey could not be completed for all institutions before the preparation of the report, so no attempt will be made at this time to give the results of any comparative studies.

A survey of the housing areas of the institutions under the Massachusetts Department of Mental Diseases was done for the first time in 1905. At that time the total patient population of the institutions was as follows:

Hospitals for Mental Diseases	9,550
Hospital for Epileptics	521
Schools for the Feeble-minded	1,028
Total	11,099

The institutions existing in 1905 have had their capacities increased by the addition of new buildings, and four new institutions have been built in an endeavor to meet the ever-increasing demands for additional accommodations for patients. The following figures are given as of November 30, 1929, for patient population:

Hospitals for Mental Diseases	18,080
Hospital for Epileptics	1,197
Schools for the Feeble-minded	3,983
Total	23,260

In order that the quotas established for all institutions may be uniform it is

necessary first of all that there be a Standard Unit of Capacity. Such a standard was first adopted in Massachusetts in 1905. It reads as follows:

"Fifty square feet per patient in day rooms, an equal amount in dormitories and 100 square feet in rooms used continuously by the sick in bed or other classes, with the exception that in buildings where the patients are all quiet, clean, able-bodied and out of doors most of the day, the day space has been reduced to 30 square feet."

The Report of the State Board of Insanity for that year shows very clearly how this unit of capacity was obtained and to give the reader a thorough understanding as to how this original unit was arrived at we quote from the Report as follows:

"In a broad sense, the capacity for patients determines the amount of work which an institution may properly be called upon to do, and should be commensurate with facilities not only for the immediate care of patients, but also for general administration outside of the wards. Although administrative facilities are very important from the standpoint of convenience and economy, they do not directly affect the welfare of patients; therefore the scope of this inquiry has been restricted to space for their care on the wards.

Measurements have been made only of space actually in use as patients' quarters or easily available therefor without material structural alteration. Toilet, bath and clothes rooms are found in every ward in every institution, and, although varying much in degree of adequacy, have been eliminated as a constant quantity in the computation of capacities. Narrow corridors and certain spaces adjoining toilet rooms, not suitable for living purposes for hygienic or other reasons, have been excluded in every case. On the other hand, measurements have been made and recorded of all ward dining halls and other rooms on the wards occupied by nurses, other employees or devoted to general uses, inasmuch as such space may readily be converted into patients' quarters, and such record would be serviceable in making the necessary corrections in future tabulations of capacities. Such space, however, has not been included in the present tabulation.

In short, the space considered in computing the capacity for patients of each institution has been limited to that actually and properly in use by patients as bedrooms or day rooms.

In determining how much of such space would be adequate to the needs of each patient, there are three main requirements: first, sufficiency of fresh air supply; second, its introduction without creating disagreeable draughts; and third, enough floor area to obviate unfavorable reaction of one patient upon another, and to allow easy performance of ward duties.

These requirements involve the consideration of (1) methods of ventilation, heating and lighting; (2) type of building, especially the extent of outside walls and windows; (3) the dimensions of rooms and height of stories; (4) the character of patients, — whether quiet and clean, dirty or excited; and (5) constancy of their presence.

It is desirable to differentiate, so far as possible, matters of fact from those of opinion, and in the first presentation to eliminate all the above factors except space, not with the intention of ignoring the other factors as unimportant, but merely deferring their discussion to a later stage.

Practically the ultimate controlling factor in determining how many patients may be crowded into an institution is floor area, which imposes a limit of capacity which cannot be exceeded.

R. C. Carpenter, in his "Heating and Ventilating Buildings" (page 37), writes: "The purity of the air of a room depends to some extent on the proportion of its cubic capacity to the number of inmates. This influence is often overestimated, and even in a large room if no fresh air be supplied the atmosphere will quickly fall below the standard of purity." A moderate disparity in cubic contents may be overcome by improving ventilation, — a matter within the control of the local management, and probably less expensive than a larger per capita allowance of space. At any rate, ventilation should first be brought to the maximum of efficiency. Furthermore, the omission of the

third dimension, from a comparative standpoint, in the present instance, results in only a slight error, because the average height of stories in the institutions does not materially vary.

Wherever the third dimension necessarily enters into the calculation, a uniform height of 10 feet is taken which is the minimum average height of stories, with one exception, in any institution. While the first presentation is based solely, so far as possible, on floor area, it is to be borne in mind that this is only a starting point for the evolution of a second presentation, with due consideration of the other factors involved, which will be accepted as the working standard of capacities, subject to modification as occasion may require.

How much floor area in a 10-foot story is needed for each patient? The paramount consideration relates to air supply, which, as before indicated, depends more upon efficiency of ventilation than upon space allowance. However, draughts must be avoided, and sufficient "elbow room" afforded patients. R. C. Carpenter, on page 36 of his book above quoted, writes: "Authorities differ greatly as to the amount of air to be provided per person, but at the present time they seem well united in considering the admission of 30 cubic feet of air per minute for each person as giving good ventilation, and this amount is required by law for school buildings in Massachusetts." Such requirement would be met if each patient should be allowed 50 square feet of floor area in a 10-foot story with change of air 3.6 times every hour. In the sufficiency of such standard of air supply and in the opinion that such demand upon ventilating apparatus is moderate, both the secretary of the Massachusetts State Board of Health and the State inspector of buildings agree, although the latter recommends an increase of 25 to 50 per cent in the air supply for patients sick in bed continuously.

The use of the same space continuously for day and night purposes is almost universally disapproved by the superintendents of our institutions for the insane, so that a double space allowance is necessary to comply with their views.

Does such space unit furnish sufficient "elbow room" for patients? Some classes, especially the excited, will require more, and some less, but on the average an answer in the affirmative would seem to be justifiable. In confirmation, the units adopted in New York and Scotland may be cited. The New York State Commission in Lunacy writes: "In recently constructed buildings the State architect has followed the rule of 50 feet of floor space per capita for dormitory purposes; the same for day room purposes." A member of the General Board of Commissioners in Lunacy for Scotland writes: "As regards the capacity of asylums, my Board's requirements per patient are as follows: 30 square feet of floor area for day rooms, 60 square feet of floor area for dormitories, 90 square feet of floor area for day-room dormitories, *i.e.*, hospital wards. . . . The usual height of ceiling in day rooms and dormitories of moderate size, *i.e.*, for 45 patients, is 11 feet. Hospital wards, which are occupied both day and night, are the only ones for which we call for additional area. They are both dayroom and dormitory accommodation, and the area required is therefor 90 square feet per patient. I often think this is on the small side."

Single rooms have been considered by themselves, apart from dormitories and day rooms. They vary much in size in different institutions, but, inasmuch as each can provide for only one patient at night, and as a rule is not used at all by day, each room has been reckoned as sleeping accommodation for a single patient, who has been allowed in addition 50 square feet of floor area in day space."

Various factors peculiar to each institution must be considered. Height of ceiling under ten feet or insufficient airing space may cause the working capacity to be reduced whereas the exposure of a building on all four sides, or a special type of construction for a particular class of patients may make possible an increase in its working capacity.

When the work of a survey is left to the various institutions to be carried out

according to a given formula, different interpretations of the formula may be made by those having the work in charge and become a source of serious error. This error can be avoided only by having assigned to the general supervision of all the work of the survey, some one person familiar with the problem.

In compliance with the provisions of Chapter 22 of the Resolves of 1926, the Massachusetts Department of Mental Diseases in that year gave special consideration to the matter of capacities of all the institutions under its supervision and as a result adopted a standard somewhat different from the original unit of capacity already described. It is the one used in our present survey and reads as follows:

"Thirty square feet per patient in day rooms, 50 square feet in dormitories; with the exception that 100 square feet be used in rooms occupied by the newly admitted and acutely sick classes, by tubercular, adult epileptic or disturbed patients, by patients who are both noisy and untidy, and by patients suffering from acute physical disease, the 100 square feet to be either in rooms occupied both night and day, or 50 square feet in day rooms and 50 square feet in dormitories."

When the survey of 1905 was made each space occupied by patients, whether single room, dormitory or day space was carefully measured and its area computed. From these figures, modified by special factors involved, the capacities were determined and the summary sheets drawn up.

One can readily understand that such a procedure is both time consuming and costly and accounts for the long lapse of time before the beginning of the present general survey based upon actual measurements.

Changes in capacity following the former survey were recorded by accounting for the utilization of spaces for purposes other than those for which they were being used at the time of the survey, and adding or decreasing the working capacity in such instances as new buildings were added or the use of old ones discontinued. However, a check on such changes at fairly frequent intervals is necessary for, as previously stated, errors may arise through the different interpretations which may be given the Standard Formula at each institution.

In endeavoring to find some way of reducing the time and labor involved in making frequent surveys it was learned that some means must be found to preserve the identity of all space measurements of an original survey. After finding such means we are now able to make subsequent surveys by merely checking the present use of spaces formerly described, taking measurements only of the new spaces which have been added and such old spaces as have been altered.

The method adopted in the present survey to accomplish this consists of using a floor plan of each ward, assigning an identifying number to each space on the plan and describing such space on a separate sheet laid off in sections bearing numbers to correspond to the identifying numbers on the floor plan. (See illustration on Form 3 and Form 2). Once this has been done the making of a later survey requires only that two persons shall pass through a ward together, one identifying each space on the Floor Plan while the other checks its present use against that recorded on the Descriptive Sheet. It is necessary that only one of the workers be specially trained.

By actual test it has been found that a complete re-survey of an institution of average size can be made in this way within two days as against a period of about ten days when the older method was followed. Of course the first survey done in this way requires considerable time because of the work involved in making the tracings for the blue prints, the taking of the measurements and the writing of the descriptions. However, this is especially worth while because of the other uses to which the blue prints can be put by the Engineering Department.

In order to record conveniently the data obtained during a survey a number of tables are made use of. These are to be found in the latter part of this report as follows:

Form 1. Building. Provides for a description of the building as regards type, condition, etc., and has a table for the classification of patients.

Form 2. Floor Plans. These have all been prepared on a scale of 16 ft. to the

Form 1

STATE HOSPITAL

Building East K		Female Male		Survey of June 1929 19			
Building				Classification of Patients			
Date of Opening: Oct. 1926.				Class			
Use of each Floor: First Ward Second Ward Third Ward Fourth Ground Hydro.				1 2 3 4			
Special for Disturbed Types: Yes							
Sides of Building Exposed: 4				1. Description of New Patients:—			
Physical Condition: Good X Fair Poor				Constitution:—			
Arrangement: Good				2. Hospital:—			
Construction: Walls Concrete Roof Slate X Asphaltum Metal				3. Infirmary:—			
Staircase: One Three X Basement Sides exposed X Central Floor X Dirt Floor				4. Disturbed, restless, noisy, unruly:—			
Stairways: Enclosed 2 Enclosed, fireproof 2 Enclosed, Non-Fireproof 2				5. Epileptic Insane:—			
Additional Exit: 0 Enclosed Open Ladder Metal Wood				6. Workmen in laundry, shops, farm, grounds, etc.:—			
Veranda: 0 Floor Fireproof Floor Non-Fireproof				7. Quiet, clean and agreeable:—			
San Porch: Day space of sun-parlor type				continued treatment cases:—			
Heating System: Direct Indirect				8. Tuberculosis cases:—			
Ventilating System: Natural Draught Pine Forced Draught Stoves Radiators None							
Bathing Facilities: Tubs X Showers X On ward X Elsewhere							
Lavatory and Toilet Facilities: Adequate-modern							
Outside Window Gaslets: Gullies Full length Lower half only							
Fire Protection: Standpipes X Extinguishers X Hydrant X				Per cent constantly present:—			
				Area Sq. Ft. each patient (Dormitories per class as checked) (Day Room)			
Remarks							

Form 2

STATE HOSPITAL

Building East K		Ward 1		Data June 1929			
Space — Name—No.	Size	Area Sq. Ft.	Remarks	Space — Name—No.	Size	Area Sq. Ft.	Remarks
No. 1 Stairway	9 x 17	144	Natural lighting Entr. Enclosure Fireproof, stairs metal.	No. 8 Stairway	15.6 x 7	110.6	Well lighted Enclosure fireproof, stairs metal.
No. 2 Day Space	56 x 30.5 less	1700 200 1500	13 Windows 5 Radiators 2 Vents. Floor linoleum on cement	No. 10 Corridor	9 x 5	45.5	Triple window 1 Radiator
No. 3 Dormitory	15.8 x 22	347.6	3 Windows. 2 Radiators 2 Vents	No. 11 Single Room	9.7 x 7.7	74.6	1 Window 1 Radiator 1 Vent Floor, linoleum in cement
Capacity 7 Beds.				No. 12			Spaces Number: 12, 13, 16, 17, 18, 19, 20, & 21 Inclusive are identical with Space No. 11, making a total of eleven Single Rooms.
No. 4 Lavatory	15.6 x 8.1	127.3	1 Window 1 Radiator, 1 Vent. 5 Radiators 2 Vents. Fittings modern	No. 13			
No. 5 Bathroom	15.6 x 7.6	120	1 Window 1 Radiator, 1 Vent Floor terrace Fittings modern	No. 14			
No. 6 Clothing Room	15.6 x 7.7	121.6	1 Window 1 Radiator, 1 Vent	No. 15			
No. 7 Dormitory	15.8 x 15.8	248	2 Windows 1 Reg. 1 Vent	No. 16			
Capacity 5 Beds				No. 17			
No. 8 Dormitory	15.8 x 15.8	248	2 Windows 1 Reg. 1 Vent	No. 18			
Capacity 5 Beds							

inch for two reasons:

1. The plans of a building of average size can then be drawn on a sheet $8\frac{1}{2}'' \times 11''$ (letter size) and bound in loose-leaf volume with the tables. Should a somewhat larger sheet be required the excess portion can be folded in.

2. The adoption of a standard scale for all buildings causes those doing the work to have continually in mind the relative sizes of buildings in the various institutions.

(The plan given as an illustration in this report is on a special scale to meet the requirements of the page. The numbers assigned to the spaces are merely for identification in the survey and in but few instances are in use as markings in the building.)

Form 3. Descriptive Sheet. Each block bears a number to correspond with that given to a particular space on Floor Plan and contains a description of the space.

Form 4. Data and Memorandum Sheet. Used to tabulate characteristics of ward, its areas and capacities and uses of its spaces.

Absolute Capacity: This is obtained by adding to the number of single rooms the number of patients otherwise provided for by dividing the combined floor space of dormitories and day spaces by 80 (combined dormitory and day space for each patient), after deducting 30 sq. ft. (day space) for each single room. Where 50 sq. ft. of day space is allowed each patient divide by 100 instead of by 80 and allow 50 sq. ft. instead of 30 for each single room.

The sum of the absolute capacities of the wards gives the absolute capacity for the institution. It represents the actual patient capacity without regard to proportionate size of day space to dormitory space.

Example: Disturbed type each requiring 50 sq. ft. in dormitory and 50 sq. ft. in day space.

	844 Sq. ft.	(Dormitory Space)
Plus	1500 Sq. ft.	(Day Space)
	2344 Sq. ft.	(Combined Space)
Minus	550 Sq. ft.	(Day space for 11 patients in single rooms at 50 sq. ft. each patient.)
100	1794 Sq. ft.	
	17.9	(Regard as 18 patients)

Then, 11 in single rooms plus 18 elsewhere gives an Absolute capacity of 29 for the ward.

Corrected Capacity: Add to the number of single rooms plus capacities of dormitories (floor area sq. ft. divided by 50) the number of patients provided by dividing the total floor space of day rooms by 80 (combined dormitory and day space for each patient), after deducting 30 sq. ft. for each single room and for number of patients in dormitories. Where 50 sq. ft. of day space is allowed for each patient divide by 100 instead of 80 and allow 50 sq. ft. instead of 30 for each single room. The sum of the corrected capacities of wards or buildings gives the corrected capacity of the institution as a whole. Where there is an excess of day space the resulting number denotes the number of beds which would need to be placed in day space to utilize the total available floor area. When the resulting number is negative it denotes a deficiency of day space.

Example: Disturbed type. Single rooms 11, dormitory space 844 sq. ft., day space 1500 sq. ft.

11 (Patients in single rooms) plus 17 (Patients in dormitories) equals 28 patients.

Then 1500 Sq. ft. (Total day space)

Minus 1400 Sq. ft. (Day space for all patients in single rooms and dormitories)

100		100 Sq. ft.	(Excess of day space)
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1

This (1) added to the 11 in single rooms and 17 in dormitories gives a Corrected Capacity of 29 patients.

Working Capacity: The obtaining of the Working Capacity may be regarded as the main objective in making a survey. It may be defined as the actual capacity of a ward or building when a proper relationship has been established between sleeping space and day space after all additions or subtractions have been made as the result of any modifying conditions, such as height of ceiling, poor lighting, heating or ventilation, type of building, etc.

Class: Class of patient. This is important in order to determine the square feet of floor area allowed to each. Because of the crowding so commonly found in most institutions the class is often a mixed one. The class is then determined by the majority type present. The percentage of patients constantly present on the ward must always be borne in mind in dealing with all classes.

Dormitories: All spaces with a capacity of more than one bed.

Day Space: The space assigned for use of patients during the day usually in the same building as their dormitories. It does not include work shops, class rooms or open verandas. Glassed-in porches are included as day space.

Cots: Beds which are used at night in day spaces but stored elsewhere during the day. Their use is temporary in cases of crowding and avoided where possible. They are not figured as capacity.

Permanent Beds in Day Spaces: Regular beds are temporarily set up in day spaces in cases of crowding and left constantly in the space. The use of such beds is avoided where possible and they are not figured as capacity.

Height of Story: Enters into computation only when less than ten feet.

Rooms Used by Employees: Rooms on patients' wards occupied as living quarters by employees. Such were originally intended for use by patients, and are potentially available, for patients use. They are not included in capacity.

In the Schools for the Feeble-minded the adults and children confined to bed are allowed the same areas as the corresponding classes in the hospitals for mental diseases. Children who are physically active are allowed 50 sq. ft. in dormitories and 30 sq. ft. in day spaces. Class rooms are not regarded as day spaces.

When the writer undertook this work he held the position of Assistant to the Commissioner of Mental Diseases. Although no longer in the position he is continuing a general supervision of the survey for reasons previously given. Valued assistance in the work has been rendered by Dr. Earl K. Holt, Assistant to the Commissioner of Mental Diseases, Mr. Clarence D. Maynard, Assistant Engineer, and Miss Nellie F. Ball, Statistician of the Department.

SUMMARY.

Frequent surveys are necessary to maintain accurate records of the housing areas in institutions grouped under any State department.

Such surveys involve considerable labor and expense if complete measurements are taken each time.

The use of a floor plan for each ward in conjunction with a descriptive sheet and certain tables make it possible to preserve measurements of all spaces so that subsequent surveys require simply a checking of present use of spaces, formerly surveyed, and a measurement of additional spaces only.

This method makes possible a re-survey of an institution of average size in two days, as against ten days when the identity of spaces has not been preserved. It provides an easy, quick and accurate means of recording changes as they occur. The additional blue prints obtainable from the original tracings of floor places have important secondary uses.

EXAMPLE.

Forms 1 to 5 show the method used in making the Survey. The ward selected is one with both single rooms and dormitories occupied by a disturbed type of patient each requiring 50 sq. ft. in dormitories and 50 sq. ft. in day spaces.

DEPORTATIONS.

There were considered 306 cases, compared with 369 for the previous year. The Department deported 91 to other states and 7 to other countries: in all 98. In addition, the United States Commissioner of Immigration deported 45. Altogether 143 have been deported since December 1, 1928.

Since October 1, 1898, 3930 persons have been deported by this Department: 112 returned once, 16 twice, 3 three times.

Details of the disposition of cases under consideration for deportation are shown in table 108.

VISITORS.

The Department has again been honored this year by many visitors from other States and foreign countries, who are interested in the work being done in Massachusetts in caring for the mentally ill and mentally defective.

OFFICIAL VISITS.

At the request of the Board of Managers of the State Hospital for Nervous Diseases at Little Rock, Arkansas, Dr. George M. Kline, Commissioner of the Department, spent 8 days making a survey of conditions at that institution.

In July the Commissioner was invited to speak before the Michigan State Hospital Commission and Superintendents at Traverse City, Michigan.

In August Dr. Kline was notified that he had been designated by the Governor of Massachusetts to serve as an official representative of the Commonwealth to the First International Congress on Mental Hygiene which will be held at Washington, D. C., from May 5th to 10th, 1930. Dr. Neil A. Dayton, Director of Research in the Department, was appointed a member of the Committee on Statistics of the First International Congress on Mental Hygiene.

General Matters.

RECOMMENDATIONS FOR LEGISLATION.

1. *To amend Chapter 207 of the General Laws.* This is desired to prevent the marriage of feeble-minded persons under commitment to schools for the feeble-minded or to the Department of Mental Diseases.

2. *To amend Section 77, Chapter 123, General Laws.* This is desired to permit commitment of persons for observation to hospitals maintained by the United States Government for the care of veterans.

3. *To amend Section 100A, Chapter 123, General Laws.* This is desired to make accessible to Probation Officers certain reports relative to the mental condition of certain persons held for trial.

4. *To amend Sections 102 and 103, Chapter 123, General Laws.* This is desired to make possible the commitment to State hospitals for observation of prisoners — serving sentences in penal institutions — whose mental condition seems to warrant such observation but cannot legally be termed insanity.

5. *To amend Section 105, Chapter 123, General Laws.* This is desired to make possible the discharge or temporary release of persons charged with crime whose mental condition is improved but who cannot be certified as "restored to sanity."

NEW LEGISLATION.

Chapter 12. — Resolve providing for an Investigation by a Special Unpaid Commission of the Laws relative to Dependent, Delinquent and Neglected Children and Other Children requiring Special Care.

Resolved, That an unpaid special commission, consisting of the commissioner of public welfare, the commissioner of mental diseases and the deputy probation commissioner and two other members to be appointed by the governor, is hereby established for the purpose of investigating the laws relative to dependent, delinquent and neglected children and children otherwise requiring special care, and after completing said investigation, but not later than the first Wednesday in December in the current year, to report to the general court by filing with the clerk of the senate the results thereof, with its recommendations, if any, as to what changes it deems necessary in the procedure relative thereto, together with drafts of legislation necessary to carry such recommendations into effect.

For the purposes of this resolve, said commission may expend out of such amounts as may be appropriated by the general court such sums as may be approved by the governor and council. (*Approved April 2, 1929.*)

Chapter 105. — An Act making Accessible to Probation Officers Certain Reports relative to the Mental Condition of Certain Persons Held for Trial.

Section one hundred A of chapter one hundred and twenty-three of the General Laws, as inserted by chapter four hundred and fifteen of the acts of nineteen hundred and twenty-one, and as amended by chapter three hundred and thirty-one of the acts of nineteen hundred and twenty-three, by chapter one hundred and sixty-nine of the acts of nineteen hundred and twenty-five and by section one of chapter fifty-nine of the acts of nineteen hundred and twenty-seven, is hereby further amended by inserting after the word "court" in the twenty-third line the words: — the probation officer thereof, — so as to read as follows: —

SECTION 100A. Whenever a person is indicted by a grand jury for a capital

offense or whenever a person, who is known to have been indicted for any other offense more than once or to have been previously convicted of a felony, is indicted by a grand jury or bound over for trial in the superior court, the clerk of the court in which the indictment is returned, or the clerk of the district court or the trial justice, as the case may be, shall give notice to the department of mental diseases, and the department shall cause such person to be examined with a view to determine his mental condition and the existence of any mental disease or defect which would affect his criminal responsibility. Whenever the probation officer of such court has in his possession or whenever the inquiry which he is required to make by section eighty-five of chapter two hundred and seventy-six discloses facts which if known to the clerk would require notice as afore-said, such probation officer shall forthwith communicate the same to the clerk who shall thereupon give such notice unless already given. The department shall file a report of its investigation with the clerk of the court in which the trial is to be held, and the report shall be accessible to the court, the probation officer thereof, the district attorney and to the attorney for the accused. In the event of failure by the clerk of a district court or the trial justice to give notice to the department as aforesaid, the same shall be given by the clerk of the superior court after entry of the case in said court. Upon giving the notice required by this section the clerk of a court or the trial justice shall so certify on the papers. The physician making such examination shall, upon certification by the department, receive the same fees and traveling expenses as provided in section seventy-three for the examination of persons committed to institutions and such fees and expenses shall be paid in the same manner as provided in section seventy-four for the payment of commitment expenses. Any clerk of court or trial justice who wilfully neglects to perform any duty imposed upon him by this section shall be punished by a fine of not more than fifty dollars. (*Approved March 11, 1929.*)

Chapter 126. — An Act giving to the Supreme Judicial and Superior Courts Jurisdiction in Equity in matters relative to the Observance of the Purposes of Gifts and Conveyances made to Counties, Municipalities and Other Subdivisions of the Commonwealth.

SECTION 1. Section three of chapter two hundred and fourteen of the General Laws, as amended by section three of chapter one hundred and forty-nine of the acts of nineteen hundred and twenty-three, is hereby further amended by adding at the end thereof the following new paragraph: — (11) Suits to enforce the purpose or purposes of any gift or conveyance which has been or shall have been made to and accepted by any county, city, town or other subdivision of the commonwealth for a specific purpose or purposes in trust or otherwise, or the terms of such trust, or, if it shall have become impracticable to observe or carry out such purpose or purposes, or such terms, or, if the occasion therefore shall have terminated, to determine the purposes or uses to which the property involved shall be devoted and enforce the same. Such a suit shall be commenced only on petition of the attorney general or, by leave of court, on petition of ten taxpayers of such county, city, town or other subdivision. The respondent in any such suit may set up such impracticability or termination and request the judgment of the court as to such other use of said property in its answer without filing a cross bill or other independent proceeding. In the case of a petition by ten tax-payers as aforesaid, the attorney general shall be served with notice of the preliminary petition for leave, and may intervene as a party at any stage of the proceedings; and the petitioners shall be liable for costs, including reasonable counsel fees in the discretion of the court, which may, also in its discretion, award to the petitioners costs, including reasonable counsel fees, to be paid by the respondent or out of the fund involved, if any. *Section 2.* This act shall become operative on September first of the current year. (*Approved March 16, 1929.*)

Chapter 136. — An Act authorizing the Commitment of Certain Mentally afflicted Persons to Federal Hospitals for Observation.

SECTION seventy-seven of chapter one hundred and twenty-three of the General Laws, as amended by chapter nineteen of the acts of nineteen hundred and twenty-

four, is hereby further amended by striking out, in the sixth line, the word "or" and inserting in place thereof a comma, and by inserting after the word "hospital" in the seventh line the words: — , or, in case such person is eligible for admission, in an institution established and maintained by the United States government, the person having charge of which is licensed under section thirty-four A, — so as to read as follows: — *Section 77.* If a person is found by two physicians qualified as provided in section fifty-three to be in such mental condition that his commitment to an institution for the insane is necessary for his proper care or observation, he may be committed by any judge mentioned in section fifty, to a state hospital, to the McLean hospital, or, in case such person is eligible for admission, to an institution established and maintained by the United States government, the person having charge of which is licensed under section thirty-four A, for a period of thirty-five days pending the determination of his insanity; provided, that such commitments shall be made to Gardner state colony only when legally authorized by the department. Within thirty days after such commitment the superintendent of the institution to which the person has been committed shall discharge him if he is not insane, and shall notify the judge who committed him, or if he is insane he shall report the patient's mental condition to the judge with the recommendation that he shall be committed as an insane person, or discharged to the care of his guardian, relatives or friends if he is harmless and can properly be cared for by them. Within the said thirty-five days, the committing judge may authorize a discharge as aforesaid, or he may commit the patient to any institution for the insane as an insane person if, in his opinion, such commitment is necessary. If, in the opinion of the judge, additional medical testimony as to the mental condition of the alleged insane person is desirable, he may appoint a physician to examine and report thereon.

In case of the death, resignation or removal of the judge committing a person for observation, his successor in office, or, in case of the absence or disability of the judge committing a person as aforesaid, any judge or special justice of the same court, shall receive the notice or report provided for by this section and carry out any subsequent proceedings hereunder. (*Approved March 19, 1929.*)

Chapter 163. — An Act providing for an Additional Water Supply for the Medfield State Hospital. (Approved March 28, 1929.)

Chapter 213. — An Act relative to the Commitment or Removal of Certain Prisoners to Institutions for the Insane and to their return therefrom.

SECTION 1. Chapter one hundred and twenty-three of the General Laws is hereby amended by striking out section one hundred and two and inserting in place thereof the following: — *Section 102.* The department shall designate two persons, experts in insanity, to examine prisoners in the state prison, the Massachusetts reformatory, the prison camp and hospital or the reformatory for women, alleged to be insane. If any such prisoner appears to be insane or in such mental condition that his commitment to an institution for the insane is necessary, for his proper care or observation pending the determination of his insanity, the warden or superintendent shall notify one or both of said experts, who shall, with the physician of such penal institution, examine the prisoner and report the result of their investigation to the superior court of the county where such penal institution is situated. For the purposes of this and the following section, "superior court" may, in respect to a prisoner in the Massachusetts reformatory, include the district court of central Middlesex, and, in respect to a prisoner in the reformatory for women, the first district court of southern Middlesex.

SECTION 2. Said chapter one hundred and twenty-three is hereby further amended by striking out section one hundred and three and inserting in place thereof the following: — *Section 103.* The superior court upon a report under the preceding section, if it considers the prisoner to be insane or in such mental condition that his commitment to an institution for the insane is necessary for his proper care or observation pending the determination of his insanity, and his removal expedient, shall issue a warrant, directed to the warden or superintendent, authorizing him to cause the prisoner, if a male, to be removed to the Bridgewater State

Hospital, and, if a female, to be removed to one of the state hospitals for the insane, there to be kept until returned to prison as provided in section one hundred and five.

SECTION 3. Said chapter one hundred and twenty-three is hereby further amended by striking out section one hundred and four and inserting in place thereof the following: — *Section 104.* If a prisoner under sentence in a jail, house of correction, or prison other than one named in section one hundred and two, appears to be insane or in such mental condition that his commitment to an institution for the insane is necessary for his proper care or observation pending the determination of his insanity, the physician in attendance shall make a report thereof to the jailer or master who shall transmit the same to one of the judges mentioned in section fifty. If the judge finds in accordance with sections fifty and fifty-one that the prisoner is insane, or if he finds that the mental condition of the prisoner is such that his commitment to an institution for the insane is necessary for his proper care or observation pending the determination of his insanity, and that his removal is expedient, he shall order the removal of such prisoner, if a male to Bridgewater state hospital, if a female to one of the state hospitals for the insane, there to be kept until returned as provided in section one hundred and five; provided, that if a male prisoner has not been criminal and vicious in his life the judge may order him removed to one of the state hospitals. A physician, other than the physician in attendance at the place of detention, making the certificate, shall be entitled to the compensation provided by section seventy-three.

SECTION 4. Said chapter one hundred and twenty-three, as amended in section one hundred and five by section four of chapter four hundred and sixty-seven of the acts of nineteen hundred and twenty-three, is hereby further amended by striking out said section one hundred and five and inserting in place thereof the following: — *Section 105.* When in the opinion of the trustees and superintendent of the state hospital to which a prisoner has been removed under section one hundred and three or one hundred and four, or of the commissioner of correction and the superintendent of the state farm in case of removal to the Bridgewater state hospital, the mental condition of the prisoner is such that he should be returned to the custody of the person or to the penal institution from which he was removed, they shall so certify upon the warrant or commitment, and notice, accompanied by a written statement regarding the mental condition of the prisoner, shall be given to such person or to the warden, superintendent, keeper or master of such penal institution, as the case may be, who shall thereupon cause the prisoner to be reconveyed to the custody of such person, or to such penal institution, there to remain pursuant to the original sentence if removed under section one hundred and three or one hundred and four, computing the time of his detention or confinement in the said hospital as part of the term of his imprisonment under such sentence; provided, that a prisoner removed to a state hospital under section one hundred, one hundred and three or one hundred and four for his proper care or observation pending the determination of his insanity shall be returned in the manner herein before provided to the penal institution or custody whence so removed, not later than thirty-five days after such removal, but such prisoner, shall in all other respects be subject to the provisions of this section. If a prisoner removed as insane under section one hundred who has not been restored to sanity is returned as aforesaid because in the opinion of the trustees and superintendents, or of the commissioner of correction and superintendent, as the case may be, neither the public interest nor the welfare of the prisoner will be promoted by his further retention in the hospital, they shall so certify upon the warrant or commitment and shall append thereto a report relative to the prisoner's mental condition as affecting his criminal responsibility and the advisability of his discharge or temporary release from the penal institution or custody to which he is returned. (*Approved April 10, 1929.*)

Chapter 216. — An Act relative to the Revision of the Amount of Bail of Certain Defendants in Criminal Cases.

SECTION 1. Section thirty of chapter two hundred and eighteen of the General Laws is hereby amended by inserting after the word "shall" in the fifth line the word: — forthwith, — by inserting after the word "entered" in the ninth line the

words:— and the report of the department of mental diseases as to the mental condition of the defendant, if such report has been filed under the provisions of section one hundred A of chapter one hundred and twenty-three, — and by adding at the end thereof the following new sentence:— If such a person is committed for failure to recognize as ordered, the superior court shall thereupon have jurisdiction of the case against such person for the purpose of revising the amount of bail theretofore fixed, — so as to read as follows:— *Section 30.* They shall commit or bind over for trial in the superior court persons brought before them who appear to be guilty of crimes not within their final jurisdiction, and may so commit or bind over persons brought before them who appear to be guilty of crimes within their final jurisdiction. In such cases the clerk of the district court shall forthwith transmit to the clerk of the superior court a copy of the complaint and of the record, the original recognizances, a list of the witnesses, a statement of the expenses and the appearance of the attorney for the defendant, if any is entered, and the report of the department of mental diseases as to the mental condition of the defendant, if such report has been filed under the provisions of section one hundred A of chapter one hundred and twenty-three, and no other papers need be transmitted. If such a person is committed for failure to recognize as ordered, the superior court shall thereupon have jurisdiction of the case against such person for the purpose of revising the amount of bail theretofore fixed.

SECTION 2. Section twenty of chapter two hundred and nineteen of the General Laws is hereby amended by adding thereto the following:— If a person is committed under this section or under section thirty-one for failure to recognize as ordered, the superior court shall thereupon have jurisdiction of the case against such person for the purpose of revising the amount of bail theretofore fixed, — so as to read as follows:— *Section 20.* Whoever is brought before a trial justice for any of the crimes named in the preceding section shall be examined by him, and may be tried before him, and, if convicted, may be required to find sureties to keep the peace for not more than one year and be punished by fine or imprisonment as before provided; or, if the offense is of a high and aggravated nature, he may be committed or bound over for trial before the superior court. If a person is committed under this section or under section thirty-one for failure to recognize as ordered, the superior court shall thereupon have jurisdiction of the case against such person for the purpose of revising the amount of bail theretofore fixed.

SECTION 3. Section fifty-eight of chapter two hundred and seventy-six of the General Laws is hereby amended by striking out all after the word “by” in the sixth line, and inserting in place thereof the words:— the supreme judicial or superior court or by a justice of either court, for a less amount than is required by the order or by an order of either court, or of a justice thereof, revising said amount, — so as to read as follows:— *Section 58.* If the person is committed without an order fixing the amount of the recognizance, he shall not be admitted to bail under the preceding section until reasonable notice of his application has been given to the officer by whom he was committed, or a hearing has been given to the officer in whose custody he is held; and if committed with such order, he shall not be admitted to bail, except by the supreme judicial or superior court or by a justice of either court, for a less amount than is required by the order or by an order of either court, or of a justice thereof, revising said amount.

SECTION 4. Section eighteen of chapter two hundred and seventy-eight of the General Laws is hereby amended by inserting after the word “behavior” in the thirteenth line the following:— If the appellant is committed for failure to recognize, the superior court shall thereupon have jurisdiction of the case for the purpose of revising the amount of bail required as aforesaid, — so as to read as follows:— *Section 18.* Whoever is convicted of a crime before a district court or trial justice may appeal to the superior court, and at the time of conviction shall be notified of his right to take such appeal. The case shall be entered in the superior court in the return day next after the appeal is taken, and the appellant shall be committed to abide the sentence of said court until he recognizes to the commonwealth, in such sum and with such surety or sureties as the court or trial justice requires, with condition to appear at the superior court on said return day and at any subsequent time to which the case may be continued, if not previously surrendered

and discharged, and so from time to time until the final sentence, order or decree of the court thereon, and to abide such final sentence, order or decree, and not depart without leave, and in the meantime to keep the peace and be of good behavior. If the appellant is committed for failure to recognize, the superior court shall thereupon have jurisdiction of the case for the purpose of revising the amount of bail required as aforesaid. In cases of misdemeanor the appellant may, in the discretion of the court or trial justice, be held on his own recognizance. The appellant shall not be required to advance any fees upon claiming his appeal or in prosecuting the same.

SECTION 5. This act shall take effect September first in the current year. (Approved April 11, 1929.)

Chapter 222. — An Act relative to the Temporary Care of Patients at Institutions for the Insane at the Request of Sheriffs or Deputy Sheriffs.

Chapter one hundred and twenty-three of the General Laws is hereby amended by striking out section seventy-nine and inserting in place thereof the following:—

Section 79. The superintendent or manager of any institution for the insane, in the case of the Gardner state colony when so authorized by the department, may, when requested by a physician, member of the board of health, sheriff, deputy sheriff, member of the state police, selectman, police officer of a town or by an agent of the institutions department of Boston, receive and care for in such institution as a patient, for a period not exceeding ten days, any person needing immediate care and treatment because of mental derangement other than delirium tremens or drunkenness. Such request for admission of a patient shall be put in writing and be filed at the institution at the time of his reception, or within twenty-four hours thereafter, together with a statement in a form prescribed or approved by the department, giving such information as it deems appropriate. Any such patient deemed by the superintendent or manager not suitable for care, shall, upon request of the superintendent or manager, be removed forthwith from the institution by the person requesting his reception, and if he is not so removed, such person shall be liable to the commonwealth or to the person maintaining the private institution, as the case may be, for all reasonable expenses incurred under this section on account of the patient, which may be recovered in contract by the state treasurer or by such person, as the case may be. The superintendent or manager shall cause every such patient either to be examined by two physicians, qualified as provided in section fifty-three, who shall cause application to be made for his admission or commitment to such institution, or to be removed therefrom before the expiration of said period of ten days, unless he signs a request to remain therein under section eighty-six. Reasonable expenses incurred for the examination of the patient, and his transportation to the institution shall be allowed, certified and paid as provided by section seventy-four. (Approved April 15, 1929.)

Chapter 322. — An Act authorizing the Department of Mental Diseases to take or purchase additional land in the City of Waltham and the towns of Belmont and Lexington for the proposed Metropolitan State Hospital. (Approved May 16, 1929.)

Chapter 373. — An Act to provide for the disposal of sewage and for a water supply for the Middlesex County Tuberculosis hospital in Lexington and Waltham. (Approved June 7, 1929.)

MISCELLANEOUS.

RELATIVE TO LICENSES OF PRIVATE HOSPITALS FOR 1929.

A license granted to Dora W. Faxon, M. D. to conduct the Woodlawn Sanatorium was relinquished in June, 1929. Harry W. Hammond, M. D. received a license to conduct this Sanatorium. The license of Dr. Hammond was relinquished after a brief period and a new one issued to Evan A. Robertson, M. D.

REPORT OF COMMITTEE ON NURSES' TRAINING SCHOOLS.

To the Commissioner of the Department of Mental Diseases:

The Committee on Training Schools for Nurses respectfully submits the following report for the year 1929:

During the year Schools for Nurses' Training have been conducted at Danvers State Hospital, Grafton State Hospital, Medfield State Hospital, Monson State Hospital, Taunton State Hospital, Westborough State Hospital and Worcester State Hospital.

In June, 1929, examinations were given to forty-nine Junior pupil nurses with forty-eight passing the examination and one failing. There were twenty-five pupils in the Intermediate class. Seventeen Seniors were examined, all of them receiving a passing grade.

Enrollment of pupil nurses at the end of the year, November 30, 1929, is as follows:—

Name of Hospital	Junior	Inter- mediate	Senior	Total
Worcester	10	12	11	33
Taunton	8	2	3	13
Danvers	8	11	4	23
Westborough	13	6	0	19
Grafton	7	6	0	13
Medfield	5	3	4	12
Monson	3	5	3	11
Total	54	45	25	124

Some of the Hospitals of the Department are giving instructions to affiliate pupil nurses from various General Hospitals.

These pupils are members of the training class of General Hospitals who desire to receive a course of training with lectures and practical experience in the nursing care of mental cases. The list of affiliated pupils enrolled in the Schools of nursing under the Department of Mental Diseases as of November 30, 1929, is as follows:—

Worcester State Hospital.....	19
Taunton State Hospital.....	6
Boston Psychopathic Hospital.....	15
Monson State Hospital	3

Grafton State Hospital will have one or more male affiliates, after January 1, 1930.

At all the Hospitals of the Department, courses for attendant nurses are held. All recently appointed attendants are required to take the course which covers a period of three months and consists of lectures and practical demonstrations. In some Institutions this course was given twice during the year and in larger Institutions it was given three times.

There was a meeting of the Committee on Nurses' Training Schools held November 26, 1929, at Worcester State Hospital. The members of the Committee on Training Schools and the principal of Training Schools of the following Institutions were present: Worcester State Hospital, Taunton State Hospital, Danvers State Hospital, Westborough State Hospital, Boston State Hospital, Psychopathic Hospital and Medfield State Hospital. This meeting was held to consider general problems of administration of the Schools, the need for revision of curriculum, the adoption of new text books, and to discuss problems that have arisen during the previous twelve months.

Respectfully submitted,

ELISHA H. COHOON, *Chairman.*
WILLIAM A. BRYAN

RALPH M. CHAMBERS
EARL K. HOLT, *Secretary.*

REPORT OF THE FINANCIAL DIVISION

(Including Financial Statistics for the Year Ended Nov. 30, 1929. Tables 1-11, inclusive, immediately following this report.)

To the Commissioner of the Department of Mental Diseases:

I herewith submit my report of the activities of the Financial Division for the fiscal year ending November 30, 1929. This report has embodied in it the finances of the Department and the institutions under its financial control, the report of the Department's Engineer, Assistant Engineer, and Farm Supervisor, and various

tables dealing with these activities.

The Legislature of last year, for the first time, upon the request of the Department, granted to it an appropriation which enabled the Department to start a training school for Stewards for the purpose of making available experienced replacements to fill vacancies occurring in the position of Steward at the various institutions under the Department. The two in training reported last year were placed, one at the Taunton State Hospital and the other at the Metropolitan State Hospital. There was further trained another man who was appointed at the Grafton State Hospital. These students were first taken into the office of the Business Agent for a period to acquaint themselves with the activities of the Division, particularly in its dealings with the individual institution. When it was thought that they had become thoroughly conversant with the procedure of the Division they were placed for varying periods in all the institutions under the Department that they might become familiar with the particular duties and responsibilities of a Steward. They substituted for Stewards, Storekeepers and Assistant Storekeepers who were on vacations. Thus when the vacancies occurred they were conversant with state and institution procedure and the varied duties of a Steward. When the year closed on November 30, 1929, there were no students in the training school, but notices had been sent to applicants notifying them to appear on December 4, 1929, before the committee making selections.

In Table 1 are brought together in consolidated form expenditures from appropriations controlled by the Department, having to do with the care of patients in hospitals for mental diseases (including epilepsy) and schools for mental defectives.

The expenditures of the Department itself, given in Table 2, amount to \$250,808.63, an increase of \$10,480.91 over that of the previous year. Practically all of this increase comes under the heading of Personal Services with approximately \$7,000 accounted for in the various research projects sponsored by the Department. The remaining \$3,000 is attributed to the filling of positions which were vacant the previous year.

Table 3 shows the amount appropriated by the Legislature for the fiscal year and the balance available from the previous year (which represents liabilities filed off indebtedness incurred prior to the close of the previous fiscal year, namely November 30, 1928). These two amounts represent the total appropriation available for the current year. Next is the gross expense, then comes the receipts which are for sales only. The receipts for board of patients are shown on Table 8. They are not deducted to arrive at the net expenses and net weekly per capita cost. Next is shown the net expense arrived at by deducting receipts from the gross expenses and then with the daily average number of patients the weekly per capita cost is obtained. The weekly per capita cost average for the twelve mental hospitals is \$7.391; that for the schools for mental defectives is \$7.369, with an average of \$7.386 for the fifteen institutions whose appropriations are supervised by the Department. Comparing the previous fiscal year ending November 30, 1928, we find that the average per capita cost for the twelve mental hospitals was \$7.28, or .131c less than for the fiscal year 1929. For the schools for mental defectives for the fiscal year 1928 the average per capita cost was \$7.13, or .239c less than the average per capita cost for the fiscal year 1929. Taking the total of the fifteen institutions for 1928, the average per capita cost was \$7.25, as compared with the average per capita cost for 1929 of \$7.386, or .156c less than the average for the year 1929. As the net weekly per capita cost for the Boston Psychopathic Hospital is exceptional, compared with that of the other institutions, the average weekly per capita cost for the eleven mental hospitals, when re-computed without the Boston Psychopathic Hospital, for 1929, is \$7.158, and the average weekly per capita cost for the fourteen institutions, computed without Boston Psychopathic Hospital is \$7.196.

Table 4 gives in detail the expenses and weekly per capita costs as grouped according to the adopted standard of analysis of maintenance expenses of all classes of institutions in the Commonwealth. To instruct institutions into what groups items were to be placed there was issued by the Financial Division of this Department in 1922 a book entitled, "Standard for Analyzing Maintenance Expenses".

This book has since been adopted by all Departments in this Commonwealth having institutions under their supervision. Thus it can be seen that the analysis of expenditures is standard in all institutions and in no case left to the interpretation of the personnel of the individual institution.

The average weekly per capita cost for personnel for 1928 was \$3.60, and for 1929, \$3.81, and advance of \$.21, over 1928. This detail will be noted in Table 5.

The rotation of persons employed for the year 1929 shows a slight increase over 1928 under all classifications in mental hospitals, while under both hospitals for mental diseases and schools for mental defectives a slight increase is shown under the departments of "Medical" and "All Others". (Table 6).

Appropriations for construction, permanent betterments, real estate and furnishings, unlike that for maintenance and operation, are made for two years, beginning with the passage of the Act dealing with special appropriations by the Legislature. In Table 7 are shown all of the appropriations of this nature active during this fiscal year. As stated in the report of last year, this table was a departure from those published in previous years, inasmuch as it dealt with indebtedness incurred and balances available rather than with actual cash payments and cash balances. If cash payments and cash balances are desired they can be obtained by referring to the report of the Comptroller of the Commonwealth. The purpose of this departure was that the table more clearly represented the actual condition of the appropriation in that it showed the true balance available for additional expenditures. It is felt that the information thus given has met with the approval of those desirous of following the progress of any of the activities therein listed.

Receipts during the year from paying patients, collected by the institutions under the direction of the Division of Legal Settlement and Support Claims, amounted to \$926,658.35, a decrease from the receipts of 1928 of \$64,804.39. The per capita amount received in 1929, based on average daily patient population, was \$43.40. The receipts from paying patients were 11.27% of the total cost of maintenance. This decrease in the amount collected is wholly due to the decrease in receipts from the U. S. Government for the care of ex-service men. It is the policy of the Government to transfer compensable cases from state hospitals to government hospitals whenever room is available. At the beginning of the fiscal year of 1928 there were 90 cases chargeable to the U. S. Veterans' Bureau, which gradually decreased during this year, so that at the beginning of the fiscal year of 1929 there were but 7 cases.

Section 27, Chapter 123 of the General Laws reads as follows: "The trustees of each state hospital shall be a corporation for the purpose of taking and holding, by them and their successors, in trust for the commonwealth, any grant or devise of land, and any gift or bequest of money or other personal property, made for the use of the state hospital of which they are trustees, and for the purpose of preserving and investing the proceeds thereof in notes or bonds secured by good and sufficient mortgages or other securities, with all the powers necessary to carry said purposes into effect. They may expend any unrestricted gift or bequest, or part thereof, in the erection or alteration of buildings on land belonging to the state hospital, subject to the approval of the department, but all such buildings shall belong to the state hospital and be managed as a part thereof".

Under this section, hospitals as shown in Table 9 have received gifts which have been deposited as funds, the proceeds of which have been used for the benefit of the patients in accordance with the terms or restrictions placed thereon by the donor. This Department and the management of the institutions encourage gifts made under this law and from them special benefit is derived by the patients along lines or in a way not always possible from the funds of the Commonwealth. These trust funds, although in the aggregate not large, show increased activities for the benefit of patients in 1929 over 1928 by an increased disbursement of \$3,961.58, and an increase in total at the end of 1929 over 1928 of \$2,030.82.

The Printing Plant at the Gardner State Colony, while being an activity of small outlay, has given the Department the opportunity to meet its printing needs and at the same time to train patients in a valuable form of occupational therapy. There were printed 346,500 letter heads, 59,000 envelopes, 28,500 Christmas folders and envelopes, 2,225 bound reports, together with medical and other forms

of 260 varieties totaling approximately 4,000,000 pieces of printing. The foregoing shows an increase over 1928 of approximately 1,600,00 pieces printed, which was done at an expense of \$6,549.63, being \$497.13 less than the expense of 1928.

The reports of the Department's Engineer, Assistant Engineer and Farm Supervisor are appended.

REPORT OF THE DEPARTMENT ENGINEER.

During 1929 the construction work on the Continued-Treatment group at the Metropolitan State Hospital was practically completed. Plans were prepared and contracts awarded on a Kitchen, dining-room and stores Building, a Laundry Building, a Garage, and connecting tunnels. These buildings, which will be adequate for the entire institution, will make possible when completed the opening of the hospital with a capacity of 1,248 beds in the continued-treatment group. During the closing days of the fiscal year about forty patients were transferred from other institutions, together with the necessary personnel, to assist in the clearing up and the preparation of the buildings for occupancy.

The inspection and supervision of construction work was carried out at other institutions. Plans and specifications were prepared for construction work done by the institutions, such as remodeling the Gas House into a dormitory for farm workers and changing over the steam mains in preparation for the Renovation of the Rear Center at the Danvers State Hospital; the Dairy Building at the Gardner State Colony; the Sun Porch at the Grafton State Hospital; an addition to the Codman Building at the Westborough State Hospital and a Cow and Hay Barn and other buildings of the Dairy Group at the Worcester State Hospital. Also Garages at the Walter E. Fernald and Wrentham State Schools.

The five-year building program was revised and brought up-to-date in anticipation of the budget requests for the fiscal year 1930.

Conferences were held, studies were made and general supervision maintained over the work of architects with the view of standardizing and unifying construction at the various institutions.

A list of the special appropriations granted to the Department is shown elsewhere.

REPORT OF THE ASSISTANT ENGINEER

During the fiscal year there have been prepared architectural plans and specifications and the construction supervised of the following projects:— Employees' Cottage at the Belchertown State School, Addition to the Codman Building at the Westborough State Hospital, Dairy Building at the Gardner State Colony, Elms A. Building Solarium at the Grafton State Hospital, and New Hay Barn at the Monson State Hospital. Plans for a model Dairy Group development at the Worcester State Hospital were prepared and standard plans for Dairy and Canning buildings were drawn.

The various major projects listed in the Repairs and Renewals section of the Institutions' Appropriations have been studied and the work supervised.

The Housing Survey work has been continued and uniform small scale drawings have been made of each building at each institution and actual measurements made in the field.

During the year, seventy-four visits in connection with the work at the various institutions under the control of the Department were made.

REPORT OF THE FARM SUPERVISOR

During the year, 117 inspections of the fourteen institution farms were made, an average of 8 visits to each institution.

Monthly reports have been received from each institution farm showing the census of livestock at the beginning and end of each month, the poundage of food produced, and the poundage of food sent to the storeroom for immediate consumption. From these reports there has been tabulated and mailed to each institution each month a vegetable chart showing the total amount of vegetables consumed by that institution for the month and the number of pounds consumed

per patient. The value of farm products produced by the institutions amounts to \$844,348.69. (Tables 10 and 11.)

A chart showing the total amount of fruit and vegetables canned, dehydrated and pickled by each institution for each month was also sent out. The total number of pounds of farm produce delivered to canning plants for the year 1929 was 839,640 pounds or an increase of 84,645 pounds over the amount delivered to canning plants for the year 1928.

A table showing the number of eggs per hen extended to that month was also made. The poultry plants without exception are doing good work. They finished the year of 1929 with the largest egg production in the history of the plants.

All institutions received monthly charts showing the milk production for the month, average number of cows extended to that month and each institution's rating based on 12 months' production. They also received a chart showing the butter fat content of the vat milk and the number of Honor cows, the 2 highest cows for each institution and the 2 highest cows for all institutions. Other timely charts were put out, namely, charts showing the percent of mortality of young chicks, suckling pigs, etc. With the aid of these charts each institution superintendent can compare his work with that of all other institutions. This has a tendency to improve the work all along the line.

The average number of cows for 1929 is 766.17 with a yearly average milk production of 11,335.72 pounds of milk per cow. The yearly milk production shows an increase of 15.43 pounds of milk per cow over milk production for 1928. For the 12th consecutive year an increase in milk production per cow has been noted.

An analysis of the year's business of the fourteen farms shows a total net profit of \$170,532.53 which is an increase of \$261.68 over the total net profit for 1928. It is only fair to say that the growing season of 1929 was visited by a heavy prolonged drought which taxed our farm departments heavily and cut down production from what it might have been with an average season.

I am glad to report continued improvement in the department of swine. During the past year there have been 25 females and 5 males, pure bred Duroc Jerseys, imported from Ohio and Texas. Seven males and 15 females have been transferred to other institutions for breeding stock. By 1931 the majority of the breeding stock on the institution farms will be registered with the American Duroc Breeders Association.

The fourth annual Ton Litter Contest sponsored by the Department of Agriculture was completed, with the Northampton State Hospital farm well in the lead with one litter of 11 pigs weighing 3,085 pounds at the age of 180 days or an average of 280.45 pounds each. Grafton State Hospital won second place with a litter weighing 2,820.5, and also won third place with a litter weighing 2,746 pounds.

During the year 1929 there has been acquired by Boston State Hospital some farm land, farm house and horse barn. Foxborough State Hospital has built some new brooder houses, and renovated the old hen house. Medfield State Hospital has built a barn for bulls with outside paddocks. Northampton State Hospital has completed a new hen house. Taunton State Hospital has renovated hog house and hen house. Over 20 acres of stump land at various institutions have been reclaimed and made ready for crops. A large amount of land tile has been laid, which will generally improve the crop land. A good amount of road building has been carried on during the year.

Respectfully submitted,

WARREN A. MERRILL, *Business Agent.*

FINANCIAL STATISTICS FOR THE YEAR ENDED NOVEMBER 30, 1928

TABLE 1. — *Total Expenditures of Department and Institutions.*

DEPARTMENT AND INSTITUTIONS	Personal Services	Maintenance and Operation (Net)**	New Construction, Permanent Betterments Real Estate and Furnishings	Total
Department of Mental Diseases	\$186,576.54	\$64,232.09	\$ —	\$250,808.63
Hospitals for Mental Diseases:				
Boston Psychopathic Hospital	155,589.15	86,244.42	5,432.54	247,266.11
Boston State Hospital	407,650.92	431,944.94	114,396.12	953,991.98
Danvers State Hospital	338,359.73	383,332.00	126,462.28	848,154.01
Foxborough State Hospital	192,315.30	202,864.16	12,597.97	407,777.43
Gardner State Colony	201,748.90	216,970.71	56,763.45	475,483.06
Grafton State Hospital	286,737.62	275,109.58	14,225.22	576,072.42
Medfield State Hospital	322,650.36	339,907.72	9,647.27	672,205.35
Northampton State Hospital	223,656.88	236,367.61	20,423.10	480,447.59
Taunton State Hospital	292,584.27	281,183.70	145,574.35	719,342.32
Westborough State Hospital	277,986.17	284,324.51	27,913.11	590,223.79
Worcester State Hospital	417,300.00	425,357.50	12,825.05	855,482.75
*Metropolitan Hospital		5,533.97	1,558,104.26	1,563,638.23
Monson State Hospital (epileptic)	230,589.86	216,088.70	150,010.53	596,689.09
Total	\$3,533,745.90	\$3,449,461.61	\$2,254,375.25	\$9,237,582.76
Schools for Mental Defectives: —				
Belchertown State School	\$173,617.57	\$204,677.51	\$210,506.18	\$588,801.26
Walter E. Fernald State School	301,782.98	308,645.12	28,518.24	638,946.34
Wrentham State School	226,916.38	281,684.93	77,207.77	585,809.08
Total	\$702,316.93	\$795,007.56	\$316,232.19	\$1,813,556.68
Grand Total	\$4,236,062.83	\$4,244,469.17	\$2,570,607.44	\$11,051,139.44

*Under Construction

**Less Sales

TABLE 2. — *Department Receipts and Expenditures.*

	APPROPRIATIONS			Expenditures (Net)	Balance
	Appropriation, 1929	Brought Forward from 1928 Appropriation	Total Available		
Personal Services	\$112,000.00	\$ —	\$112,000.00	\$107,938.47	\$4,061.53
Expenses	17,500.00	1,045.97	18,545.97	17,437.05	1,108.92
Transportation	14,000.00	117.00	14,117.00	11,457.81	2,659.19
Persons Boarded in Family Care	5,000.00	—	5,000.00	3,765.24	1,234.76
Persons Boarded in Hospital Cottages	18,000.00	—	18,000.00	16,446.90	1,553.10
Investigation of Mental Diseases and Defects	36,000.00	3,900.00	39,900.00	30,864.67	9,035.33
Psychiatric Examination of Prisoners	65,000.00	93.85	65,093.85	62,898.49	2,195.36
Total	\$267,500.00	\$5,156.82	\$272,656.82	\$250,808.63	\$21,848.19

Receipts.

Payable to State Treasurer: —	
For support of patients in Family Care	\$208.53
For support of patients in Hospital Cottages	233.76
Licenses	1,050.00
Interest	220.62
Total	\$1,712.91
Refund on account of Previous Years	200.09
Unclaim deposit on plans	120.00
Received for forms	20.65
Total	\$2,053.65

TABLE 3. — *Appropriation and Expenses for Maintenance and Operation and Weekly Per Capita Cost — By Institution.*
(For detail of Net Expenses and Net Per Capita Cost see Table No. 4)

INSTITUTIONS	Amount Appropriated for 1929	Balance from 1928	Total Appro- priation	Gross Expenses	*Receipts	Net Expenses	Daily Aver- age Number of Patients	Net Weekly per Capita Cost
Hospitals for Mental Diseases:								
Boston Psychopathic Hospital	\$254,700.00	\$3,128.15	\$257,828.15	\$242,165.84	\$332.27	\$241,833.57	\$79.27	\$58.508
Boston State Hospital	850,180.00	31,523.68	881,703.68	840,428.89	833.03	839,595.86	2,253.23	7.147
Danvers State Hospital	729,700.00	24,233.78	753,933.78	725,315.75	3,624.02	721,691.73	1,912.80	7.235
Foxborough State Hospital	408,000.00	6,958.42	414,958.42	397,345.97	2,166.51	395,179.46	970.79	7.807
Gardner State Colony	443,800.00	3,136.46	446,936.46	423,184.18	4,464.57	418,719.61	1,158.00	6.930
Grafton State Hospital	586,600.00	7,505.84	594,105.84	565,376.70	3,529.50	561,847.20	1,544.06	6.978
Medfield State Hospital	672,580.00	17,315.48	689,895.48	665,210.47	2,652.39	662,558.08	1,823.56	6.968
Northampton State Hospital	495,000.00	6,595.12	501,595.12	460,772.92	748.43	460,024.49	1,372.00	6.430
Taunton State Hospital	585,620.00	10,418.12	596,038.12	575,130.29	1,362.32	573,767.97	1,492.86	7.371
Westborough State Hospital	576,340.00	1,114.82	577,454.82	566,916.98	4,606.30	562,310.68	1,437.17	7.504
Worcester State Hospital	871,410.00	17,758.42	889,168.42	845,376.61	2,718.91	842,657.70	2,241.89	7.208
Monson State Hospital (epileptic)	468,340.00	4,698.10	473,038.10	449,676.45	2,997.89	446,678.56	1,225.00	6.993
Total	\$6,946,270.00	\$134,386.39	\$7,080,656.39	\$6,756,901.05	\$30,036.14	\$6,726,864.91	\$17,510.63	\$7.369
Schools for Mental Defectives:								
Belchertown State School	\$378,945.65	\$1,823.73	\$380,769.38	\$379,664.27	\$1,369.19	\$378,295.08	\$861.63	\$8.420
Walter E. Fernald State School	645,580.00	8,384.43	654,464.43	612,991.29	2,563.19	610,428.10	1,651.63	7.088
Wrentham State School	515,400.00	8,311.79	523,711.79	511,553.54	2,952.23	508,601.31	1,383.47	7.050
Total	\$1,539,925.65	\$19,019.95	\$1,558,945.60	\$1,504,209.10	\$6,884.61	\$1,497,324.49	\$3,896.73	\$7.369
Grand Total	\$8,486,195.65	\$153,406.34	\$8,639,601.99	\$8,261,110.15	\$36,920.75	\$8,224,189.40	\$21,407.36	\$7.367

*Receipts from sales only.

TABLE 4. — *Net Expenses for Maintenance and Operation, and Per Capita Costs grouped according to the Massachusetts Standard of Analysis of Maintenance Expenses — By Institutions.*

INSTITUTIONS	PERSONAL SERVICES		RELIGIOUS INSTRUCTION		TRAVEL, TRANSPORTATION AND OFFICE EXPENSES		FOOD	
	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost
Hospitals for Mental Diseases:								
Boston Psychopathic Hospital	\$155,496.51	\$37.62	\$1,040.00	\$0.25	\$5,603.99	\$1.36	\$35,555.75	\$8.60
Boston State Hospital	407,370.24	3.47	2,080.00	.02	6,320.44	.05	210,274.13	1.79
Danvers State Hospital	338,104.03	3.39	2,041.47	.02	6,762.35	.07	137,249.09	1.38
Foxborough State Hospital	192,182.63	3.80	1,526.00	.03	5,380.17	.11	65,841.81	1.10
Gardner State Colony	201,578.90	3.34	1,384.75	.02	4,282.65	.07	61,461.90	1.02
Grafton State Hospital	286,489.01	3.56	1,428.00	.02	4,043.71	.05	98,141.26	1.22
Medfield State Hospital	322,403.48	3.39	2,080.00	.02	5,373.92	.06	138,479.40	1.46
Northampton State Hospital	223,516.55	3.12	1,220.00	.02	5,972.45	.08	101,797.92	1.42
Taunton State Hospital	292,364.83	3.76	1,710.00	.02	6,548.31	.08	106,425.46	1.37
Westborough State Hospital	277,818.27	3.71	1,381.99	.02	6,701.87	.09	113,035.02	1.51
Worcester State Hospital	417,019.99	3.57	2,620.00	.02	9,944.71	.09	169,330.36	1.45
Monson State Hospital (epileptic)	230,419.18	3.61	1,535.92	.02	5,147.75	.08	71,597.84	1.12
Total	\$3,344,763.62	\$3.66	\$20,048.13	\$0.02	\$72,082.32	\$0.08	\$1,309,189.94	\$1.43
Schools for Mental Defectives:								
Belchertown State School	\$173,499.68	\$3.86	\$1,350.00	\$0.03	\$5,860.47	\$0.13	\$57,790.01	\$1.29
Walter E. Fernald State School	301,580.08	3.50	2,640.00	.03	7,563.82	.09	104,727.84	1.22
Wrentham State School	226,748.16	3.14	1,790.00	.02	6,288.27	.09	88,594.05	1.23
Total	\$701,827.92	\$3.45	\$5,780.00	\$0.03	\$19,712.56	\$0.10	\$251,111.90	\$1.24
Grand Total	\$4,046,591.54	\$3.63	\$25,828.13	\$0.02	\$91,794.88	\$0.08	\$1,560,301.84	\$1.40

TABLE 4. — *Net Expenses for Maintenance and Operation, and Per Capita Costs grouped according to the Massachusetts Standard of Analysis of Maintenance Expenses — By Institution — Continued.*

INSTITUTIONS	CLOTHING AND MATERIAL		FURNISHINGS AND HOUSEHOLD SUPPLIES		MEDICAL AND GENERAL CARE		HEAT, LIGHT AND POWER	
	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost
Hospitals for Mental Diseases:								
Boston Psychopathic Hospital	\$871.22	\$0.22	\$4,927.98	\$1.19	\$18,178.30	\$4.40	\$10,753.11	\$2.60
Boston State Hospital	33,919.66	.20	42,581.73	.36	30,492.85	.26	53,177.49	.45
Danvers State Hospital	23,407.87	.23	43,627.66	.44	35,409.68	.36	62,150.96	.62
Foxborough State Hospital	13,577.97	.27	20,808.27	.41	16,837.22	.33	35,075.99	.69
Garfield State Colony	14,518.39	.24	21,116.66	.35	19,895.42	.35	30,389.57	.50
Grainfield State Hospital	20,895.14	.26	25,528.86	.32	18,139.80	.23	38,779.70	.48
Medfield State Hospital	27,676.11	.29	36,345.30	.38	11,664.51	.12	49,349.74	.52
Northampton State Hospital	8,019.97	.11	24,714.27	.35	11,160.89	.16	42,380.72	.45
Taunton State Hospital	17,403.15	.23	31,459.27	.40	17,818.59	.23	28,247.89	.36
Westborough State Hospital	16,468.30	.43	31,971.64	.33	14,456.53	.19	39,879.76	.53
Worcester State Hospital	18,606.32	.16	38,374.06	.33	40,177.25	.34	72,774.93	.62
Monson State Hospital (epileptic)	12,700.46	.20	22,921.62	.36	10,939.69	.17	38,987.06	.61
Total	\$208,154.56	\$0.23	\$344,377.32	\$0.38	\$245,170.73	\$0.27	\$491,946.92	\$0.54
Schools for Mental Defectives:								
Belchertown State School	\$17,981.44	\$0.40	\$18,494.77	\$0.41	\$7,491.68	\$0.17	\$38,872.23	\$0.87
Walter E. Fernald State School	24,500.63	.28	37,045.58	.42	15,151.51	.18	38,203.31	.44
Wrentham State School	23,825.82	.23	25,911.96	.36	9,593.00	.13	40,209.11	.56
Total	\$66,307.89	\$0.33	\$81,452.31	\$0.40	\$32,236.19	\$0.16	\$117,284.65	\$0.58
Grand Total	\$274,462.45	\$0.25	\$425,829.63	\$0.38	\$277,406.92	\$0.25	\$609,231.57	\$0.55

TABLE 4. — *Net Expenses for Maintenance and Operation, and Per Capita Costs grouped according to the Massachusetts Standard of Analysis of Maintenance Expenses — Ey Institution — Concluded.*

INSTITUTIONS	FARM		GARAGE, STABLES AND GROUNDS		REPAIRS ORDINARY		REPAIRS AND RENEWALS	
	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost
Hospitals for Mental Diseases:								
Boston Psychopathic Hospital	\$ —	\$ —	\$383.79	\$0.09	\$3,469.99	\$0.84	\$5,460.29	\$1.32
Boston State Hospital	6,389.29	.05	6,734.25	.06	19,095.98	.16	20,880.02	.18
Danvers State Hospital	33,271.85	.35	6,400.72	.06	21,056.37	.21	11,953.98	.12
Foxborough State Hospital	21,893.26	.43	5,352.56	.11	8,605.88	.17	7,965.03	.15
Gardner State Colony	31,730.23	.53	5,840.97	.10	15,552.59	.26	10,797.58	.18
Grafton State Hospital	31,956.47	.40	5,132.24	.06	17,550.63	.22	13,507.77	.17
Medfield State Hospital	30,164.27	.32	7,293.44	.08	19,588.38	.21	11,892.65	.13
Northampton State Hospital	23,237.33	.33	3,429.69	.05	14,739.70	.21	9,694.67	.14
Taunton State Hospital	29,100.42	.38	6,731.61	.09	13,743.26	.18	21,905.74	.28
Westborough State Hospital	23,210.01	.31	7,599.49	.10	14,839.64	.20	14,780.26	.18
Worcester State Hospital	30,026.94	.26	7,729.10	.08	20,455.30	.17	15,318.53	.13
Monson State Hospital (epileptic)	23,687.46	.37	5,532.13	.09	10,309.37	.16	12,729.20	.20
Total	\$284,667.53	\$0.31	\$68,159.99	\$0.08	\$179,012.39	\$0.20	\$156,885.72	\$0.17
Schools for Mental Defectives:								
Belchertown State School	\$30,931.09	\$0.69	\$8,020.55	\$0.18	\$8,982.03	\$0.20	\$8,903.24	\$0.20
Walker E. Fernald State School	37,604.87	.44	7,554.25	.09	15,322.06	.18	18,331.25	.21
Wrentham State School	41,750.00	.58	8,188.15	.11	13,958.73	.19	21,579.44	.30
Total	\$110,286.36	\$0.54	\$23,762.95	\$0.12	\$38,258.82	\$0.19	\$48,813.93	\$0.24
Grand Total	\$394,953.89	\$0.35	\$91,922.94	\$0.08	\$217,271.21	\$0.20	\$205,699.65	\$0.19

TABLE 5. — *Analysis of Pay Rolls — By Institution.*

INSTITUTIONS	AVERAGE WEEKLY PER CAPITA COST				
	Medical	Ward Service	Industrial and Educational	All others	Total
Hospitals for Mental Diseases: —					
Boston Psychopathic Hospital . . .	\$ 7.70	\$ 9.66	\$.57	\$18.83	\$37.66
Boston State Hospital . . .	.24	1.68	.11	1.39	3.50
Danvers State Hospital . . .	.20	1.61	.07	1.46	3.36
Foxborough State Hospital . . .	.22	1.54	.08	1.83	3.78
Gardner State Colony . . .	.21	1.40	.14	1.66	3.43
Grafton State Hospital . . .	.22	1.33	.06	1.91	3.57
Medfield State Hospital . . .	.20	1.54	.08	1.48	3.36
Northampton State Hospital . . .	.25	1.19	.05	1.56	3.15
Taunton State Hospital . . .	.23	1.61	.08	1.74	3.78
Westborough State Hospital . . .	.24	1.47	.08	1.83	3.71
Worcester State Hospital . . .	.22	1.75	.08	1.51	3.57
Monson State Hospital (epileptic) . . .	.23	1.47	.06	1.75	3.57
Average	\$.26	\$ 1.58	\$.08	\$ 1.69	\$ 3.89
Schools for Mental Defectives: —					
Belchertown State School . . .	\$.22	\$ 1.33	\$.22	\$ 1.96	\$ 3.85
Walter E. Fernald State School . . .	.22	1.61	.34	1.34	3.50
Wrentham State School . . .	.18	1.54	.27	1.09	2.87
Average	\$.20	\$ 1.49	\$.29	\$ 1.37	\$ 3.46
Total Average	\$.25	\$ 1.56	\$.13	\$ 1.64	\$ 3.81

TABLE 6. — *Rotation in Service of Persons Employed in Institutions.*

INSTITUTIONS	PERSONS EMPLOYED				
	Medical	Ward Service	Industrial and Educational	All others	Total
Hospitals for Mental Diseases: —					
Boston Psychopathic Hospital . . .	1.70	3.29	1.21	1.68	2.24
Boston State Hospital . . .	1.75	2.62	1.60	2.66	2.58
Danvers State Hospital . . .	2.26	2.40	1.70	2.13	2.28
Foxborough State Colony . . .	1.87	3.00	1.86	1.74	2.38
Gardner State Colony . . .	1.32	2.27	2.19	1.79	2.02
Grafton State Hospital . . .	1.91	2.13	1.95	1.49	1.79
Medfield State Hospital . . .	1.62	2.18	1.36	2.12	2.13
Northampton State Hospital . . .	1.61	3.06	1.42	1.85	2.43
Taunton State Hospital . . .	1.99	2.66	1.19	1.40	2.09
Westborough State Hospital . . .	1.64	3.27	1.27	2.44	3.17
Worcester State Hospital . . .	1.62	2.73	1.27	2.26	2.49
Monson State Hospital (epileptic) . . .	1.75	2.60	1.82	1.88	2.24
Average	1.87	2.69	1.59	2.00	2.34
Schools for Mental Defectives: —					
Belchertown State School . . .	1.45	2.60	1.66	1.79	2.15
Walter E. Fernald State School . . .	1.51	2.86	1.76	1.96	2.44
Wrentham State School . . .	1.27	2.67	2.17	1.65	2.70
Average	1.42	2.74	1.87	1.83	2.33
Total Average	1.72	2.70	1.70	1.98	2.34

TABLE 7. — *Statement of Active Special Appropriations for Construction, Permanent Belterments, Real Estate and Furnishings.*

INSTITUTION AND TITLE	APPROPRIATION				Indebtedness Previously Incurred	Indebtedness Incurred in 1929	Total Indebtedness Incurred	Balance Available
	Chapter	Year	Previous Years Amount	Current Year Amount				
HOSPITALS FOR MENTAL DISEASES								
Boston Psychopathic Hospital								
X-Ray Equipment	127	1928	\$5,800.00	—	\$5,460.33	\$170.42	\$5,630.75	\$169.25
Boston State Hospital								
Renewing Steam Lines	146	1929	—	\$40,000.00	—	33,761.09	33,761.09	6,238.91
Purchase of Land and Buildings	146	1929	—	40,000.00	—	40,000.00	40,000.00	—
Administration Building	127	1928	180,000.00	—	—	172,461.10	172,461.10	7,538.90
Sewer and Water Extension	127	1928	13,000.00	—	—	1,967.00	1,967.00	11,033.00
Food Trucks	138	1927	4,000.00	—	3,822.00	—	3,822.00	178.00
Danvers State Hospital								
Sewage Disposal	146	1929	—	20,000.00	—	16,426.50	16,426.50	3,573.50
Remodeling Gas House and Grove Hall	146	1929	—	37,000.00	—	14,509.44	14,509.44	22,490.56
Power House and Steam Mains	146	1929	—	17,000.00	—	16,494.58	16,494.58	505.42
Nurses' Home	127	1928	143,000.00	—	55.80	141,901.26	141,957.06	1,042.94
Furnishing Male Attendants' Home	127	1928	4,700.00	—	4,172.00	504.55	4,676.55	23.45
Replacing Certain Elevators	127	1928	12,400.00	—	9,382.84	2,746.87	12,129.71	270.29
Space for Industries	138	1927	16,000.00	—	15,828.57	164.13	15,992.70	7.30
Male Attendants' Home	138	1927	65,000.00	—	64,998.05	887.85	64,998.05	1.95
Plumbing Main Hospital	138	1927	6,000.00	—	5,087.40	—	5,975.25	24.75
Renovating Plumbing — Middleton	138	1927	3,000.00	—	1,008.33	—	1,008.33	1,991.67
Improvements Coal Trestle	138	1927	2,000.00	—	1,997.37	—	1,997.37	2.63
Forborough State Hospital								
Power Equipment	386	1929	—	9,000.00	—	—	—	9,000.00
Employees' Building	146	1929	—	110,000.00	—	—	—	110,000.00
Salvage Yard	146	1929	—	3,000.00	—	—	—	3,000.00
Officers' Cottage	146	1929	—	6,000.00	—	778.08	778.08	5,221.92
Alterations Boiler House	127	1928	18,000.00	—	7,330.81	9,293.14	16,623.95	1,376.05
Alteration Ward Building No. 12	79	1926	100,000.00	—	—	—	—	—
Renovation of Wards C-D	138	1927	100,000.00	—	198,482.57	1,505.12	199,987.69	12.31
Electrical Connections	127	1928	7,500.00	—	8,016.61	7,857.22	15,873.84	9,126.16
Food Trucks	138	1927	17,500.00	—	2,863.72	126.11	2,989.83	10.17
Gardner State Colony								
Dairy Building Purposes	146	1929	—	3,000.00	—	2,991.90	2,991.90	8.10
Building for Semi-Disturbed Men	146	1929	—	150,000.00	—	149,679.78	149,679.78	320.22

TABLE 7. — Statement of Active Special Appropriations for Construction, Permanent Betterments, Real Estate and Furnishings — Continued.

INSTITUTION AND TITLE	APPROPRIATION			Indebtedness Previously Incurred	Indebtedness Incurred in 1929	Total Indebtedness Incurred	Balance Available
	Chapter	Year	Amount Previous Years	Amount Current Year			
Coal Trestle and Side Track.	127	1928	10,700.00	—	173.99	173.99	10,526.01
Officers' Cottages	127	1928	10,000.00	—	8,797.77	9,994.35	5.65
Repairing Road — Westminster	127	1928	1,000.00	—	34.38	968.10	31.90
Additional Water Supply	126	1924	35,000.00	—	—	—	—
Food Conveyors	398	1926	7,000.00	—	41,591.63	41,603.13	336.87
Food Conveyors	79	1926	2,800.00	—	—	—	—
Food Conveyors	138	1927	1,050.00	—	3,847.87	3,847.87	2.13
Building for Semi-Disturbed Patients.	138	1926	75,000.00	—	—	—	—
Employees' Cottage	138	1927	75,000.00	—	147,043.99	149,999.30	.70
Additional Filter Beds	138	1927	12,000.00	—	11,797.40	11,797.40	202.60
Laundry Machinery	138	1927	4,000.00	—	—	—	—
Laundry Machinery	138	1928	11,000.00	—	14,110.73	14,985.48	14.52
Laundry Machinery	138	1927	7,000.00	—	6,842.29	6,842.29	157.71
Power Equipment	386	1929	—	4,500.00	—	—	4,500.00
Sun Porch — Pines D.	146	1929	—	10,000.00	—	—	10,000.00
Purchase of Land	146	1929	—	5,700.00	—	—	5,700.00
Sedation Suite — Pines D.	127	1928	6,800.00	—	549.23	5,356.48	343.52
Additional Water Supply	313	1917	—	—	—	2,947.79	3,852.21
Remodeling Certain Buildings	129	1922	105,000.00	—	104,509.34	104,559.34	440.66
Remodeling Certain Buildings	138	1927	3,500.00	—	—	—	—
Remodeling Certain Buildings	127	1928	3,500.00	—	3,916.36	6,983.09	16.91
Additional Sewer Beds	138	1927	10,800.00	—	—	—	—
New Bollers	127	1928	17,215.00	—	4,064.98	3,284.12	3,450.90
New Bollers	138	1927	30,000.00	—	—	—	—
New Bollers	127	1928	—	—	.72	.72	47,214.28
Additional Water Supply	127	1928	8,000.00	—	—	—	—
Additional Water Supply	146	1929	—	40,000.00	1,221.92	4,796.64	43,203.36
Replacing Certain Floors	336	1929	—	—	—	—	—
Renovation of Baths and Toilets.	138	1927	15,000.00	—	14,998.49	14,998.49	1.51
Renovation of Baths and Toilets.	138	1927	10,000.00	—	—	—	—
Renovation of Baths and Toilets.	127	1928	10,000.00	—	13,788.67	18,433.13	1,566.87
Furnishing Nurses' Home	146	1929	—	10,000.00	—	9,868.14	131.86

Superintendent's Home	146	1929	—	22,500.00	—	—	—	22,500.00
Ward Building	138	1927	103,500.00	—	174,937.30	7,044.16	181,981.46	18.54
	127	1928	78,500.00	—	—	9,487.15	9,487.15	5,512.85
		1929	—	15,000.00	3,294.37	—	3,294.37	705.63
<i>Taunton State Hospital</i>								
Kitchen and Cafeteria Equipment	146	1929	4,000.00	—	—	—	—	—
Certain Land	127	1928	38,000.00	—	—	—	—	—
Completion of Storehouse	138	1927	7,000.00	—	44,739.68	251.01	44,990.69	9.31
	127	1928	7,500.00	—	5,026.85	2,406.91	7,433.76	66.24
Storehouse Equipment	138	1927	32,000.00	—	—	—	—	—
Bakeshop, Dining Halls, etc.	127	1928	113,000.00	—	—	—	—	—
	146	1929	—	140,000.00	114,535.61	166,418.66	280,934.27	4,045.73
Employees' Cottage	138	1927	28,000.00	—	27,974.16	21.56	27,995.72	4.28
Furnishings — Officers' Cottages	138	1927	3,500.00	—	3,499.39	—	3,499.39	.61
<i>Wesborough State Hospital</i>								
Addition to Codman Building	146	1929	—	37,000.00	—	33,936.20	33,936.20	3,063.80
Salvage Yard	127	1928	3,000.00	—	—	1,785.01	1,785.01	1,214.99
Food Conveyors	138	1927	3,400.00	—	3,396.68	—	3,396.68	5.32
Furnishing Officers' Apartments	138	1927	4,000.00	—	3,992.41	—	3,992.41	7.59
<i>Worcester State Hospital</i>								
Officers' Cottages	146	1929	—	12,000.00	—	1,193.17	1,193.17	10,806.83
Cow and Hay Barn	146	1929	—	30,000.00	—	3,179.56	3,179.56	26,820.44
Officers' Cottages	127	1928	12,000.00	—	8,660.47	3,333.42	11,993.89	6.11
Boilers	138	1927	42,000.00	—	39,332.21	2,660.86	41,993.07	6.93
Water Supply — Hillside Colony	138	1927	4,500.00	—	—	—	—	4,500.00
<i>Monson State Hospital (Epileptic)</i>								
Hay Barn	146	1929	—	8,000.00	—	5,430.53	5,430.53	2,569.47
Furnishing Male Attendants' Home	146	1929	—	6,800.00	—	2,700.00	2,700.00	4,100.00
Addition to Male and Female Buildings	146	1929	—	35,000.00	—	2,411.13	2,411.13	32,588.87
Furnishing Children's Building	146	1929	—	9,400.00	—	83.00	83.00	9,317.00
Children's Building	127	1928	115,000.00	—	373.30	113,550.21	113,923.51	1,076.49
Male Employees' Home	138	1927	93,750.00	—	—	—	—	—
	127	1928	12,000.00	—	50.03	102,763.29	102,813.32	2,936.68
<i>Metropolitan State Hospital</i>								
	146	1929	—	1,125,000.00	—	—	—	—
	127	1928	1,500,000.00	—	—	—	—	—
	138	1927	1,500,000.00	—	—	—	—	—
Totals			\$4,878,915.00	\$1,945,900.00	\$3,479,842.38	\$2,422,920.59	\$5,902,762.97	\$922,052.03
<i>SCHOOLS FOR MENTAL DEFECTIVES</i>								
<i>Bethelton State School</i>								
Tunnels	386	1929	—	\$12,000.00	—	\$1,424.32	\$1,424.32	\$10,575.68
Buildings Hillside School	146	1929	—	500.00	—	500.00	500.00	—
Water and Sewerage System	146	1929	—	23,000.00	—	14,728.98	14,728.98	8,271.02
Hospital Building	146	1929	—	105,000.00	—	103,366.11	103,366.11	1,633.89
Furnishing and Equipping Dairy	146	1929	—	2,190.00	—	1,564.78	1,564.78	625.22
Remodeling House — Town Farm	146	1929	—	25,000.00	—	14,111.02	14,111.02	10,888.98
Furnishing Schoolhouse	146	1929	—	2,800.00	—	2,295.84	2,295.84	504.16

TABLE 7. — Statement of Active Special Appropriations for Construction, Permanent Betterments, Real Estate and Furnishings — Concluded.

INSTITUTION AND TITLE	APPROPRIATION				Indebtedness Previously Incurred	Indebtedness Incurred in 1929	Total Indebtedness Incurred	Balance Available
	Chapter	Year	Amount Previous Years	Amount Current Year				
Furnishing Employees' Cottage No. 5	146	1929	—	\$2,500.00	—	\$2,474.57	\$2,474.57	\$25.43
Two Dormitory Buildings	129	1922	\$155,000.00	—	\$185,185.38	—	185,185.38	814.62
Administration Building	546	1922	31,000.00	—	—	—	—	—
	79	1926	30,000.00	—	64,974.41	19.01	64,993.42	6.58
Dormitory for Boys	138	1927	35,000.00	—	50,000.00	—	99,999.77	.23
	79	1926	50,000.00	—	14,000.00	—	—	—
Employees' Cottage	138	1927	13,500.00	—	27,475.60	23.22	27,498.82	1.18
Furnishing Boys' Dormitory.	138	1927	7,500.00	—	7,494.50	4.90	7,499.40	.60
Service Lines, Conduits	138	1927	45,800.00	—	45,799.27	—	45,799.27	.73
Water and Sewerage	138	1927	23,760.00	—	23,759.65	—	23,759.65	.35
Garage	138	1927	1,000.00	—	4,999.93	—	4,999.93	.07
Walks	138	1927	1,000.00	—	—	—	—	—
	127	1928	1,000.00	—	—	—	—	—
Dairy Building	146	1929	—	2,000.00	1,913.87	2,074.63	3,988.50	11.50
Power Plant Equipment	138	1927	7,000.00	—	5,469.83	1,527.16	6,996.99	3.01
Additional Boiler	138	1927	11,350.00	—	11,349.82	—	11,349.82	.18
Laundry Equipment	138	1927	13,450.00	—	13,442.15	90.19	13,442.15	7.85
Power House Equipment	138	1927	8,340.00	—	13,351.96	—	8,339.05	.95
Power Line	138	1927	1,320.00	—	8,339.05	—	8,339.05	.33
Town Farm Property	138	1927	2,000.00	—	1,319.67	—	1,319.67	.39
	138	1927	—	—	1,999.61	—	1,999.61	—
Furnishing Administration Building	405	1928	8,500.00	—	8,175.29	318.40	8,493.69	6.31
Schoolhouse and Gymnasium	127	1928	5,000.00	—	2,940.44	2,086.90	4,997.34	2.66
Fruit and Vegetable Storage.	127	1928	85,000.00	—	78,979.97	5,998.27	84,978.24	21.76
Girls' Dormitory	127	1928	3,500.00	—	3,386.12	108.49	3,494.61	5.39
	405	1928	100,000.00	—	100,000.00	—	—	—
Employees' Cottage	127	1928	13,650.00	—	101,943.14	10,250.43	112,193.57	1,456.43
Walter E. Fernald State School	127	1928	27,500.00	—	27,126.06	269.74	27,395.80	104.20
Extension Hot Water Lines	146	1929	—	12,500.00	—	—	—	12,500.00
Storehouse and Refrigeration	146	1929	—	80,000.00	—	78,886.59	78,886.59	1,113.41
Garage	146	1929	—	7,500.00	—	2,517.23	2,517.23	4,982.77
Equipment — Schoolhouse	146	1929	—	1,500.00	—	1,351.24	1,351.24	148.76
Additional Laundry Machinery	146	1929	—	9,210.00	—	9,158.63	9,158.63	51.37
Certain Land	127	1928	15,500.00	—	15,086.30	—	15,086.30	413.70
Addition to Schoolhouse	127	1928	25,000.00	—	24,560.42	213.14	24,773.56	226.44
Electric Light and Power — Templeton	127	1928	13,000.00	—	12,723.50	274.00	12,997.50	2.50

Side Track	50	1918	25,000.00	-	22,000.00	-	22,000.00	3,000.00
Certain Land	79	1926	10,000.00 }	-	10,000.00	-	10,000.00	500.00
Food Boxes	398	1926	500.00 }	-	3,448.60	-	3,448.60	1.40
Laundry Machinery	138	1927	3,450.00	-	24,948.61	47.04	24,995.65	4.35
	138	1927	25,000.00	-				
<i>Wrentham State School</i>								
Repairs to Officers' Cottage	386	1929	-	4,000.00	-	3,842.79	3,842.79	157.21
Power Equipment	386	1929	-	20,000.00	-			20,000.00
Furnishing Contagious Hospital	146	1929	-	3,600.00	-	1,004.20	1,004.20	4,595.80
Addition to Dormitory K	146	1929	-	9,500.00	-	3,408.67	3,408.67	6,091.33
Furnishing Nursery Building	146	1929	-	6,000.00	-	5,832.51	5,832.51	167.49
Nursery Building (1929)	146	1929	-	50,000.00	-	49,966.65	49,966.65	33.35
Garage	146	1929	-	5,000.00	-	1,371.45	1,371.45	3,628.55
Resetting Boilers	127	1928	8,000.00	-				
	146	1929	-	4,500.00 }	7,819.89	4,306.18	12,126.07	373.93
Nursery Building (1928)	127	1928	50,000.00	-	49,785.65	-	49,785.65	214.35
Purchase of Silo	127	1928	1,000.00	-	933.39	39.25	972.64	27.36
Remodeling House (Cont. Hospital)	127	1928	10,000.00	-	8,075.57	1,651.53	9,727.10	272.90
Hay Barn	138	1927	8,000.00	-	7,937.26	61.15	7,998.41	1.59
Laundry Equipment	138	1927	4,000.00	-	3,971.66	24.01	3,995.67	4.33
Cow Barn	138	1927	6,000.00	-	5,946.57	52.23	5,998.80	1.20
Totals			\$953,620.00	\$390,300.00	\$923,220.76	\$327,215.45	\$1,250,436.21	\$93,483.79
Grand Totals			\$5,832,535.00	\$2,336,200.00	\$4,403,063.14	\$2,750,136.04	\$7,153,199.18	\$1,015,535.82

TABLE 8. — *Receipts from Paying Patients — By Institution.*

INSTITUTIONS	Number Paying	Amounts Paid	Average Annual Payment
Hospitals for Mental Diseases:—			
Boston Psychopathic Hospital	—	\$1,464.29	—
Boston State Hospital	299	101,233.42	\$338.57
Danvers State Hospital	404	139,587.69	345.51
Foxborough State Hospital	142	54,277.89	382.24
Gardner State Colony	81	36,813.22	454.48
Grafton State Hospital	53	21,132.25	398.72
Medfield State Hospital	96	41,500.66	432.30
Northampton State Hospital	287	118,966.77	414.52
Taunton State Hospital	173	70,438.66	407.16
Westborough State Hospital	428	170,658.71	398.74
Worcester State Hospital	251	101,138.00	402.94
Monson State Hospital (epileptic)	84	25,504.53	303.63
Total	2,298	\$882,716.09	\$384.12
Schools for Mental Defectives:—			
Belchertown State School	29	\$7,391.73	\$254.89
Walter E. Fernald State School	95	24,582.68	258.77
Wrentham State School	61	11,967.85	196.19
Total	185	\$43,942.26	\$237.53
Family Care	2	\$208.53	\$104.27
State Farm*.	2	3,143.59	1,571.80
State Infirmary*.	17	9,501.96	558.94
Hospital Cottages for Children*.	2	233.76	116.88
Total	23	\$13,087.84	\$569.04
Grand Total All Institutions	2,506	\$939,746.19	\$375.00

*The State Farm which is under the Department of Correction, and the State Infirmary, which is under the Department of Public Welfare, have mental wards where the Department of Mental Diseases has but certain legal supervision of the patients therein. The Hospital Cottages for Children is a private institution in which certain mental defectives are boarded by the Department. However, the Division of Legal Settlement and Support Claims of the Department of Mental Diseases investigates and collects, under the Statutes, in the same manner as in the case of institutions directly under the Department. As this Department has no control of their maintenance expenditures these institutions do not appear on Table No. 4.

TABLE 9. — *Trust Funds — By Institution.*

(Held under Section 27, Chapter 123 of the General Laws)

INSTITUTIONS	On Hand Dec. 1, 1928	Received during Year	Payments	On Hand Nov. 30, 1929
Hospitals for Mental Diseases:				
Boston Psychopathic Hospital	—	—	—	—
Boston State Hospital	—	—	—	—
Danvers State Hospital	—	—	—	—
Foxborough State Hospital	—	—	—	—
Gardner State Colony	—	—	—	—
Grafton State Hospital	—	—	—	—
Medfield State Hospital	\$403.06	\$8.87	—	\$411.93
Northampton State Hospital	966.65	605.40	551.69	1,020.36
Taunton State Hospital	—	—	—	—
Westborough State Hospital	4,388.38	172.98	150.00	4,411.36
Worcester State Hospital	8,823.46	1,816.88	402.70	10,237.64
Metropolitan State Hospital	—	—	—	—
Monson State Hospital (epileptic)	—	—	—	—
Total	\$14,581.55	\$2,604.13	\$1,104.39	\$16,081.29
Schools for Mental Defectives:				
Belchertown State School	—	—	—	—
Walter E. Fernald State School	\$67,680.86	\$10,816.77	\$10,337.42	\$68,160.21
Wrentham State School	1,542.45	67.73	16.00	1,594.18
Total	\$69,223.31	\$10,884.50	\$10,353.42	\$69,754.39
Grand Total	\$83,804.86	\$13,488.63	\$11,457.81	\$85,835.68

TABLE 10. — *Value of Farm and Garden Products per Acre under Cultivation—By Institution.*

INSTITUTION	Acres in Garden and Root Crops	Value of Garden and Root Crops	Value of Garden and Root Crops per Acre	Acres in Hay	Value of Hay	Value of Hay per Acre	Acres in Ensilage Corn	Value of Ensilage	Value of Ensilage per Acre
Hospitals for Mental Diseases:									
Boston Psychopathic Hospital	50.75	\$6,744.78	\$132.90	86.85	\$1,975.00	\$22.74	—	—	—
Danvers State Hospital	81.00	16,696.89	206.13	134.00	5,760.87	42.99	—	—	\$82.13
Foxborough State Hospital	38.00	7,755.01	204.07	8.00	240.57	30.07	36.00	\$2,956.73	64.12
Gardner State Colony	93.00	17,091.94	183.78	172.70	3,392.00	19.64	35.00	2,100.00	60.00
Grafton State Hospital	67.68	14,748.15	217.91	97.31	3,386.26	34.79	29.00	1,831.67	63.16
Medfield State Hospital	66.00	16,599.47	251.50	56.60	3,628.65	64.11	25.00	2,926.96	117.07
Northampton State Hospital	56.50	10,384.43	183.79	99.00	5,959.85	60.20	30.00	2,851.34	95.04
Taunton State Hospital	54.00	12,678.08	234.77	60.00	1,965.96	32.76	31.00	2,186.67	70.53
Westborough State Hospital	56.00	12,633.74	225.60	129.66	3,528.60	27.21	35.00	2,287.60	65.36
Worcester State Hospital	86.00	13,574.53	157.84	46.00	2,310.88	50.23	40.00	3,500.00	87.50
Monson State Hospital (epileptic)	47.50	7,422.96	156.27	33.00	2,419.51	73.31	20.00	1,771.98	88.59
Total	696.43	\$136,329.98	\$2,154.56	923.12	\$34,568.15	\$458.05	288.00	\$22,861.80	\$793.50
Schools for Mental Defectives:									
Belchertown State School	50.00	\$8,211.75	\$164.23	16.00	\$418.32	\$26.14	25.00	\$1,449.00	\$57.96
Walter E. Fernald State School	95.00	30,281.10	318.74	95.00	3,656.50	38.48	5.00	350.00	70.00
Wrentham State School	77.00	14,475.12	187.98	45.00	2,444.53	54.32	30.00	1,960.00	65.33
Total	222.00	\$52,967.97	\$670.95	156.00	\$6,519.35	\$118.94	60.00	\$3,759.00	\$193.29
Grand Total	918.43	\$189,297.95	\$2,825.51	1,079.12	\$41,087.50	\$576.99	348.00	\$26,620.80	\$986.79

TABLE 11. — *Value of Farm Products — By Institution.*

INSTITUTION	Garden Products	Potatoes	Fruit	Field Crops	Milk	Eggs	Poultry	Pork	Beef	Total
Hospitals for Mental Diseases:										
Boston Psychopathic Hospital . . .	\$6,744.78	—	\$26.77	\$1,975.00	—	—	—	\$7,684.82	—	\$16,431.37
Boston State Hospital . . .	13,564.67	2,899.19	815.24	9,067.63	46,670.30	6,481.35	1,814.17	7,848.30	1,459.39	90,620.24
Danvers State Hospital . . .	9,550.31	1,204.70	693.58	689.42	13,760.07	3,348.81	1,186.55	6,836.95	633.88	34,904.07
Foxborough State Hospital . . .	13,388.84	3,596.02	941.64	6,567.58	39,297.76	4,517.25	2,043.45	4,554.90	1,293.68	67,201.12
Grafton State Colony . . .	11,904.11	2,496.40	1,542.29	5,365.57	37,347.45	5,373.27	1,732.75	7,760.40	1,838.02	75,600.26
Medfield State Hospital . . .	13,826.21	2,316.36	2,602.58	7,556.19	40,213.15	3,661.43	1,694.91	7,111.58	878.02	79,600.43
Northampton State Hospital . . .	9,005.58	1,147.57	174.88	8,942.47	26,361.06	3,498.45	1,793.28	6,007.20	678.33	57,608.82
Taunton State Hospital . . .	9,461.85	3,216.23	1,307.17	4,152.63	26,200.69	5,726.37	2,259.38	7,864.05	1,410.40	61,598.77
Westborough State Hospital . . .	10,727.13	1,713.56	1,521.84	6,009.25	29,760.00	—	—	7,018.05	979.97	57,729.80
Worcester State Hospital . . .	11,377.00	1,970.85	96.51	5,328.87	36,550.76	—	—	6,661.65	926.03	62,911.67
Monson State Hospital (epileptic) . .	5,550.68	1,872.28	499.45	4,191.49	30,033.28	—	—	3,345.15	1,666.02	47,158.35
Total	\$112,101.16	\$22,433.16	\$10,221.95	\$60,046.10	\$317,194.52	\$32,606.93	\$12,544.29	\$72,693.05	\$11,783.74	\$651,624.90
Schools for Mental Defectives:										
Belchertown State School . . .	\$6,822.79	\$1,347.85	\$602.31	\$1,908.43	\$23,493.75	\$6,525.10	\$2,492.55	\$5,418.46	\$98.57	\$48,709.81
Walter E. Fernald State School . .	24,741.67	5,391.74	3,914.11	4,254.19	36,990.78	—	—	1,974.45	1,260.26	78,527.20
Wrentham State School . . .	11,283.09	2,913.44	820.64	4,722.87	26,329.86	8,494.17	3,344.14	7,013.85	564.72	65,486.78
Total	\$42,847.55	\$9,653.03	\$5,337.06	\$10,885.49	\$86,814.39	\$15,019.27	\$5,836.69	\$14,406.76	\$1,923.55	\$192,723.79
Grand Total	\$154,948.71	\$32,086.19	\$15,559.01	\$70,931.59	\$404,008.91	\$47,626.20	\$18,380.98	\$87,099.81	\$13,707.29	\$844,348.69

REPORT OF THE PATHOLOGIST.

To the Commissioner of the Department of Mental Diseases:

Following is the twenty-first report of the Pathologist and the twentieth to cover a full year's work.

GENERAL.

The fiscal year ending November 30, 1929 has been an unusually busy one with many autopsies. The number of post mortem examinations performed by the pathological service of the Department exceeds that of any year since 1920. There were 131 less deaths this year than last, but the percentage of autopsied cases was slightly greater. Microscopic examinations of the body organs, as well as the brain, were made in the majority of cases. Besides the autopsies there were 23 specimens of different sorts sent from various institutions for special examination.

The interest in pathology, particularly the checking up of clinical diagnoses by post mortem examinations, seems to depend partly upon the presence of a resident pathologist, but not entirely. This year has shown that if an institution has only one man on the clinical staff who is interested, it is possible to stimulate sufficient interest in the other members of the staff to increase the autopsy percentage. There is undoubtedly an increased interest in Clinical Pathology throughout the State, especially chemistry and metabolic studies.

One fundamental handicap in our State institutions in Massachusetts from the pathological viewpoint is still present, namely the lack of efficient refrigeration plants in several of the morgues. The writer realizes that the living are considered by the majority of hospital officers to be more important than the dead, but in order to do good pathological work, there must be good means of keeping bodies for a reasonable length of time. Some institutions are well equipped; with one exception, those which have old established laboratories. There are at least seven hospitals, however, which need better refrigeration facilities.

The number of pathologists has not increased in the past year, but some of the institutions have arranged to have the different staff members perform autopsies, thus increasing the number. This, though not ideal, is better than to have cases go unexamined.

The Department's Pathological Laboratory at the Boston Psychopathic Hospital was especially busy because of the large number of autopsies and only one technician. In the summer, however, a student wishing to learn technical work came to us and eased things up somewhat for several months.

Of the Pathologists in Massachusetts State Hospitals, Dr. Lydia B. Pierce continues at Westborough. She has added the X-ray Department to her laboratory duties.

Dr. K. Lowenberg, who had done very interesting work at Foxborough, left February 16th for Germany, because of immigration difficulties, and Dr. David Rothschild assumed the duties of Pathologist along with his other responsibilities.

Dr. Howard M. Jamieson left the Medfield Hospital on April 25th.

Dr. Paul I. Yakovlev remains with the Monson State Hospital and the Department of Neuropathology at Harvard Medical School.

Dr. Julius Loman of Boston State Hospital was ill from late December 1928 to early April 1929, and the Department's Pathologist performed the autopsies there which numbered 47 during this period. Dr. Loman left the hospital June 1st, and a month later Dr. Naomi Raskin transferred to the Boston State Hospital from the Taunton State Hospital where she had been for several years. Monthly conferences with the clinical staff were held. Dr. Raskin hopes to do some work with the sympathetic nervous system.

ROUTINE OF THE PATHOLOGICAL SERVICE.

Autopsies.

Since the pathological service was established, July 1, 1914 to November 30, 1929, there have been 2,474 autopsies. These have been typed and bound up to February 9, 1929, leaving 128 in the files.

During the year ending November 30, 1929, 171 autopsies were performed. The majority of these were at institutions which were temporarily or for a longer time without a resident pathologist.

The following table shows the number of autopsies performed in the different institutions by the pathological service of the Department (and exclusive of autopsies performed by the members of the staffs of the hospitals):

Boston State Hospital	56	Walter E. Fernald State School	6
Danvers State Hospital	32	Foxborough State Hospital	4
Taunton State Hospital	31	Northampton State Hospital	4
Westborough State Hospital	10	Medfield State Hospital	2
Boston Psychopathic Hospital	9	Wrentham State School	2
Gardner State Colony	8		—
Worcester State Hospital	7	Total	171

In addition to the 171 autopsies there were viewings of bodies in the various institutions not followed by autopsies by us, but in some cases followed by post mortem examinations by medical examiners.

Table Showing Proportion of Autopsies to Deaths in Institutions.

	Total Number of deaths for year	Total Number of Autopsies	Per Cent
Foxborough State Hospital	61	32	53
Boston State Hospital	304	127	42
Gardner State Colony	59	23	39
Worcester State Hospital	231	84	37
Westborough State Hospital	142	49	35
Boston Psychopathic Hospital	40	13	33
Medfield State Hospital	90	29	32
Taunton State Hospital	179	56	31
Walter E. Fernald State School	24	6	25
Danvers State Hospital	276	34	12
Monson State Hospital	86	8	9
Wrentham State School	27	2	8
Northampton State Hospital	158	4	3
Grafton State Hospital	73	1	1
Belchertown State School	6	0	0
Total	1,756	468	26.6
Total number of deaths in State Hospitals in Massachusetts in 1929, fiscal year 1,756			
Total number of autopsies performed (26.6%) or 27% 468			
a By laboratories independent of Department 297			
b Department 171			

Sudden Deaths.

The following table relates to the causative factors in the sudden deaths occurring in the State Hospitals in 1929:

Sudden deaths reported to Department	148
Number autopsied	66
Number autopsied by service	57
Acute infection 33	Following operation 4
Accidents 3	Fractures 7
Arteriosclerosis or coronary 22	General paresis or tabes 9
Alcohol 4	Intestinal obstruction 1
Asphyxia from food 6	Miscellaneous 6
Burns 1	Organic heart disease 21
Cerebral hemorrhage 2	Poisoning 1
Complicated by fractures 29	Pulmonary embolism or thrombosis 3
Drowning 1	Rupture of aneurysm 1
Epilepsy and asphyxia 5	Suicide 13
Epilepsy 5	Tuberculosis 5
Exhaustion after excitement 1	Violence — external 4

The sudden deaths in the State Hospitals over a period of sixteen years are herewith presented (either autopsied or non-autopsied):—

YEAR	Deaths	YEAR	Deaths	YEAR	Deaths	YEAR	Deaths
1914	69	1918	117	1922	89	1926	136
1915	85	1919	77	1923	122	1927	126
1916	74	1920	84	1924	121	1928	177
1917	83	1921	87	1925	129	1929	148

a total of 1,724 of which there have been 790 autopsied, or 46%.

Analysis of Autopsied Sudden Death Cases.

One hundred and forty-eight cases of sudden death were reported to the Department in 1929. Since 1923 the number has exceeded 129. The number this year is somewhat less than in 1928, when 177 were reported. The percentage of cases autopsied compares favorably with that of other years.

One of the notable items of the series for 1929 is three deaths due to pulmonary embolism or thrombosis. One of these occurred the day following the amputation of a limb. One case of "thymic death" after a tonsil operation emphasizes the advisability of X-ray examinations in children before doing tonsillectomies. There was one instance of heat exhaustion in an alcoholic patient.

CAUSE OF DEATH	NUMBER OF AUTOPSIES	CAUSE OF DEATH	NUMBER OF AUTOPSIES
Acute infection	13	Epilepsy	1
Heart disease	7	Miscellaneous	1
Arteriosclerosis or coronary	7	Thymic death	1
Tuberculosis	4	Cerebral hemorrhage	1
General Paresis	3	External violence	1
Pulmonary Embolus	3	Heat exhaustion	1
Fractures — Skull	3	After tube feeding	1
Food in larynx	3	Suicides	1
Perforated duodenal ulcer	2	Ruptured aortic aneurysm	1
Alcohol	2	Alzheimer's disease	1

Suicides in State Hospitals.

YEAR	SUICIDES	YEAR	SUICIDES	YEAR	SUICIDES	YEAR	SUICIDES
1914	9	1918	18	1922	10	1926	14
1915	6	1919	13	1923	14	1927	19
1916	9	1920	13	1924	10	1928	19
1917	12	1921	12	1925	15	1929	13

Analysis of Suicides, Autopsied and Non-Autopsied.

Of the 13 cases of suicide reported, eight were women. Ten of the 13 were over 40 years of age; five were manic-depressive; two were cases of post-encephalitic psychoses. There is a noticeable drop in dementia praecox cases which have suicided. One case each of dementia praecox, senile, feeble-minded, and psycho-neurosis. In view of the recent tendency away from a diagnosis of dementia praecox this is not to be wondered at. This is the first year that post-encephalitic conditions have appeared among the diagnoses of the suicide cases.

Casualties.

The number of casualties in 1929 has jumped and exceeds by 116 the figure for the preceding year. This is partially due to the very careful method of reporting minor injuries among the ex-service men. Perhaps they are more combative than other patients. At any rate the total number of injuries among them is exceeded by only one other institution. It is hoped that the number of casualties for 1929 will stimulate greater vigilance among the officers of the State Hospitals, and that the number may eventually be reduced.

Casualties in State Hospitals.

YEAR	CASUALTIES	YEAR	CASUALTIES	YEAR	CASUALTIES	YEAR	CASUALTIES
1914	346	1918	221	1922	258	1926	351
1915	320	1919	208	1923	292	1927	314
1916	304	1920	240	1924	297	1928	387
1917	237	1921	257	1925	275	1929	503

TABLE A. — *Casualties arranged by Institutions.*

	Males	Females	Total	Total Accidents	Total Injuries
Walter E. Fernald State School	48	13	61	63 ²	84
U. S. Veterans' Hospitals No. 107 and No. 95	48	0	48	62 ^{4, 5, 6}	73
Foxborough State Hospital	24	14	38	38 ⁷	61
Taunton State Hospital	24	17	41	41 ⁹	61
Worcester State Hospital	10	25	35	39 ^{3, 8}	52
Monson State Hospital	21	14	35	37 ²	49
Northampton State Hospital	17	14	31	31	39
Medfield State Hospital	8	22	30	30	37
Danvers State Hospital	11	16	27	29 ²	34
Boston State Hospital	11	13	24	24	33
Boston Psychopathic Hospital	17	5	22	22 ⁸	31
Westborough State Hospital	3	15	18	18	28
Grafton State Hospital	8	15	23	24 ¹	26
Gardner State Colony	5	9	14	14	21
McLean Hospital	6	2	8	8	10
State Infirmary, Mental Wards	5	3	8	9 ¹	10
Wrentham State School	5	2	7	7	8
Belchertown State School	—	1	1	1	3
Bridgewater State Farm	3	—	3	3	3
Dr. Mellus' Private Hospital	1	—	1	1	3
Westwood Lodge	—	1	1	1	2
Dr. Taylor's Private Hospital	1	—	1	1	1
Totals	276	201	477	503	668

¹Two accidents to one patient.²Two accidents to two patients.³Two accidents to four patients.⁴Two accidents to ten patients.⁵Three accidents to two patients.⁶Accident prior to admission.⁷Four accidents prior to admission.⁸Ten accidents prior to admission.⁹Fourteen accidents prior to admission.TABLE B. — *Casualties arranged by Institutions and Severity of Injury.*

	Fractures	Dislo- cations	Other Severe Injuries	Total Severe Injuries	Less Severe Injuries
<i>Receiving Institutions</i>					
Boston Psychopathic Hospital	3	2	1	6	25
Boston State Hospital	27	1	—	28	5
Danvers State Hospital	27	2	1	30	4
Northampton State Hospital	14	2	5	21	18
Taunton State Hospital	37	2	7	46	15
Westborough State Hospital	19	1	—	20	8
Worcester State Hospital	40	1	1	42	10
<i>Institutions chiefly for Transfers</i>					
Grafton State Hospital	19	1	1	21	5
Medfield State Hospital	12	1	1	14	23
Gardner State Colony	11	—	—	11	10
Foxborough State Hospital	25	1	1	27	34
State Infirmary, Mental Wards	10	—	—	10	—
<i>Institutions for the Feeble-minded</i>					
Walter E. Fernald State School	35	3	3	41	43
Wrentham State School	4	—	—	4	4
<i>Special Public Institutions</i>					
Monson State Hospital	36	4	2	42	7
Bridgewater State Farm	3	—	—	3	—
Belchertown State School	1	—	—	1	2
<i>Special Private Institutions</i>					
McLean Hospital	5	—	—	5	5
Dr. Mellus' Private Hospital	—	—	—	—	2
Dr. Taylor's Private Hospital	—	—	—	—	1
Westwood Lodge	2	—	—	2	—
U. S. Veterans' Hospitals No. 107, No. 95	13	—	3	16	57
Total	343	21	26	390	278

Investigations.

There were numerous interesting neuropathological conditions found among the 171 autopsies of 1929, some of which are being worked up in detail. Foremost among these was a man in the forties who had been considered as a case of progressive muscular atrophy for several years. His brain showed evidence of multiple sclerosis. There was also evidence of a marked chronic inflammation.

A man with Korsakoff's syndrome showed a typical picture of the so-called "Alcoholic Polio-encephalitis," with markedly thickened capillaries about the Aqueduct of Sylvius.

A feeble-minded microcephalic of eight years had a brain weighing 245 grams. There was also marked hydrocephalus with striking lack of convolutions. Some of the cranial nerves could not be found and others were very small.

The brain tumor cases were of particular interest. They were found as a causative factor in three deaths. One of these, a cyst with islands of stratified squamous epithelium and bone, was attached to the infundibulum and probably arose from remnants of epithelium left from the embryonic hypophyseal duct. The tumor had been known to exist for 29 years, an unusually long period for a patient to live with any sort of brain tumor.

Another in a woman of 55 was a meningioma which infiltrated the brain, and in those infiltrative areas took the shape of the cerebral convolutions. This is very unusual because meningiomata, although they usually cause pressure on the brain, do not invade it, though they may invade the skull. Considerable work has been done on this case and it may be published later.

The following table shows the routine work of the investigative staff of the Department.

Visits to institutions	211
Autopsies in cases of sudden deaths	57
Severe injuries in institutions	390
Less severe injuries	278
Total injuries	668
Publications by state officers	57

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Respectfully submitted,

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REPORT OF THE SOCIAL SERVICE DIVISION

To the Commissioner of the Department of Mental Diseases:

The general condition of the Social Service throughout the year has been good. Comparatively few resignations have taken place, and there has been no known serious interruption of service due to lack of Social Workers; in fact, at the present time, the number of applications for positions exceeds the number of vacancies in the Department. There appears to be a spirit of general contentment and harmony on the part of the Social Service personnel, which is particularly noticeable in those institutions where developments relative to community clinics and student training are taking place. It is needless to state that Psychiatric Social Workers are attracted to hospitals that are engaged in progressive psychiatric work, in spite of the fact that several have expressed objection to living in institutions.

It is quite apparent that Mental Hygiene activities make a very decided appeal to graduate Social Workers who are interested in psychiatric service. Preference is frequently expressed for Child Guidance Clinic work not connected with institutions, although there appears to be a slight increase in the number of new Social Workers who desire State Hospital experience in addition to children's work.

It is believed that the importance of progressive State Hospital Social Service cannot be over-emphasized. The Hospital has almost unlimited possibilities for Social Work, both intra and extra-mural. This field is rich in opportunities for educational and research work of a social nature, and should be made attractive to students in Schools of Social Work as well as to college students who are interested in matters pertaining to social welfare.

It is hoped that some attempt will be made in the near future to do some experimental work with hospital patients, looking toward a plan of social treatment that can be carried simultaneously with medical treatment in cases of patients that are outstandingly social. The patients selected for work of this kind would obviously be those whose central problem is social rather than medical. It is quite obvious that such an experiment would require highly skilled Psychiatric Social Workers whose chief interest is centered in the social study and treatment of mental patients rather than in the present popular conception of mental hygiene and the outside activities connected therewith. Too much attention centered on community clinics by Hospital Social Workers may result in a corresponding lack of interest in patients who are in need of the social care to which they are entitled. Both kinds of service are needed, but one should not be given at the expense of the other.

Previous reports have referred to difficulties which have been experienced in securing an adequate corps of Institution Social Workers. The general tendency

of Psychiatric Social Work is away from the institution into the Child Guidance Clinic. It is also felt that only a small proportion of students trained in Massachusetts State Hospitals enter the service after completing the School course. Because of the seriousness of the outlook for the continuous development of Social Service in State Hospitals (in accordance with present standards), considerable thought and discussion have been given this subject with a view to seeking a remedy which may help to stabilize Institution Social Work.

A plan for student training is in process of formation, the purpose of which is to create a possible source of supply for Institution Social Service. In addition to the students from the Smith College School of Social Work, students will be selected by the Department and placed in Hospital training centers under the general direction of the Department of Mental Diseases, Social Service Division. Present policies relative to Smith College students are, in the main to be observed. Arrangements are being made with the Simmons College School of Social Work for theoretical training and with the Family Welfare Society of Boston for a course of training in family case work. The training period is from 9 to 12 months, with residence at the hospital. Students will be selected on the basis of education, experience, personality and native ability. Preference will be given to college graduates.

This plan is not yet complete, and is by no means ideal, but it is hoped that it may serve to alleviate present difficulties in securing trained Social Workers for State Institutions. Frequent requests for Social Workers from other States indicate the general need of Institutions in this respect.

The activities of the Social Service throughout the Department follow along the same general lines that have been defined in previous reports. Functions of the Social Service are gradually becoming more clearly defined and more definitely related to the needs of the Institutions and Divisions in which Social Service is operative. Steady growth is noted in some parts of the Division, not only in the size of the Social Service Staffs but in the widening scope of activities which are essentially social in nature.

CONFERENCE WORK.

In accordance with the custom of the past six years, the Conference method is used for purposes of development, standardization and inspiration. The monthly General Conference includes Social Workers from all parts of the service. At their requests invitations are extended monthly to the Psychiatric Social Workers of the Veterans' Bureau, and to Social Workers in Institutions of New Hampshire, Rhode Island and Connecticut. Smaller Group Conferences are held monthly at which matters pertaining to record making, outlines, policies, etc., are considered with a view to meeting the needs of the individual group.

Following is a list of speakers and subjects for the past year:

December, 1928 — "Social Work with Epileptics". Miss Lula P. Hayes, Monson State Hospital.

January, 1929 — "Behavior from the Biological Point of View". Dr. Lewis B. Hill, Asst. to Commissioner.

February, 1929 — "Behavior from the Psychological Point of View". Dr. Lewis B. Hill, Asst. to Commissioner.

March, 1929 — "Behavior from the Sociological Point of View". Dr. Lewis B. Hill, Asst. to Commissioner.

April, 1929 — General Session — Director Social Service.

May, 1929 — "The Origin and Significance of Ethical Standards". Rev. Anton T. Boisen, Chaplain, Worcester State Hospital.

June, 1929 — Reports and Discussion of Social Service Activities. Members of Social Service Division.

October, 1929 — "Social Service Program of Dept. Public Health". Miss Kelly and Staff.

November, 1929 — "State Hospital Social Service". Dr. Wm. A. Bryan, Superintendent, Worcester State Hospital.

PERSONNEL.

Institutions.

With one exception, there is at least one Social Worker in every Institution. In 14 Institutions there are: 5 Head Social Workers, 16 Social Workers and 14 Assistant Social Workers, making a total of 35.

Divisions

Division of Mental Deficiency, 3 Social Workers.

Division of Mental Hygiene, 4 Social Workers.

Division for the Examination of Prisoners, 11 Social Workers.

Total number of Social Workers receiving salaries, 53.

Eight resignations have taken place during the year. There are at present three vacancies.

STUDENT SERVICE.

There are three Hospital training centers in which Smith College students have received a 9 months' period of training:

Worcester State Hospital, 4 students.

Danvers State Hospital, 2 students.

Boston Psychopathic Hospital, 2 students.

Total, 8 students.

Several part-time students from the Simmons College School of Social Work have been in training at the Boston Psychopathic Hospital.

Total quota for Social Service Division, 56 Social Workers.

Total number of students in training during year, 8 (plus several part-time students from Simmons College School of Social Work).

Total number of resignations, 8.

Total number present vacancies, 3.

The ever-increasing multiplication of duties forces one, unfortunately, to give only a limited amount of time to the details of the Social Service. The excellent team work that is carried on by the Social Workers scattered throughout the State and the Central Office is showing results in more clearly defined policies and standards of service, in uniform records and in clearer thinking on community responsibilities and activities.

Appreciation is hereby expressed for the continuous support and assistance of the Commissioner, and of the various Hospital officials, whose active interest is so essential in the development of the Social Service Department.

Respectfully submitted,

HANNAH CURTIS, *Director.*

REPORT OF DIVISION OF MENTAL HYGIENE.

To the Commissioner of the Department of Mental Diseases:

I beg to submit the following report of the activities of the Division of Mental Hygiene from December 1, 1928, to November 30, 1929.

The researches that have been carried out during the past two years in our laboratories are all of such nature that they do not lend themselves well to any quantitative measure of rigid evaluation from year to year. New ideas and theories as to the causative factors in mental disease can easily be elaborated, but it is only time that will test their validity. Much time and effort has been wasted by pseudo-scientists in developing philosophical speculations as to the common

causes of mental disease, epilepsy and feeble-mindedness, but this type of research has served no useful purpose to the patient and has aroused much false hope in parents and others who have been concerned with their welfare.

The Director of the Division of Mental Hygiene has been fortunate indeed to secure the highest type of physicians to direct the researches for the Division. The work of Dr. Solomon, although of a research nature, is of the type that the practical value can be measured in terms of improvement and recovery. His scientific approach to the therapy of neurosyphilis, which is a comparatively large problem in the field of mental disease, has proved to be of great value. Satisfactory results are now being obtained in 30% of these cases, whereas ten years ago only 10% of recoveries was achieved. His work has continued unabated, as such work must if it is to progress.

During the past ten years a great deal has been done with a variety of methods in the treatment of neurosyphilis until at the present time we are in possession of methods that are relatively satisfactory, although the goal of achievement has not yet been reached. There is every reason to believe that results and therapy will be brought about by improvement in method. A careful study has been made of the early antisyphilitic treatment as usually instituted in the best clinics of America in an attempt to prevent the involvement of the nervous system and consequent mental disease.

Beginning early in the spring of 1929 preliminary studies concerning the effect of dehydration and diets on convulsive attacks were undertaken. This work consisted of two distinct parts: First, the observation of the clinical results of the treatment; second, the effect of this treatment on metabolism of the patient.

Under the direction of Dr. Solomon a most interesting study of the effects of the inhalation of high concentrations of carbon dioxide in certain types of stupor has been made. It is the opinion of Dr. Solomon, as well as that of the Director, that this work opens up one of the most important leads of our time in the understanding of certain phases of psychiatry.

While this work has not been published as yet, certain aspects have been discussed in public before medical societies. It is planned that the work be continued during the ensuing year more intensively.

Dr. Abraham Myerson has been pursuing his research activities at the Boston State Hospital. First, and the most important contribution that Dr. Myerson has made, or perhaps that has been made in the entire field of psychiatry during the past decade from a laboratory point of view, is the work that he has done with reference to the biochemistry of the blood going to and coming from the brain, with a special relation to the sugar and oxygen activity. Dr. Myerson has definitely stated as a result of this research that the brain is active metabolically and that it uses up sugar and oxygen. He believes at the present time that the oxygen consumption of the brain is greater than other parts of the body. This is the first study of active metabolism of the brain during life on a biochemical basis.

Dr. Myerson has also carried out extensive haematological studies both of the brain blood and blood from the various zones of the body in cases of general paresis and dementia praecox. He has been able to show that in general paresis definite changes are present in the morphology and in the stain reactions of the blood corpuscles, and that these indicate a chronic infectious process. The results of these various activities will be presented before the American Psychiatric Association, The American Neurological Association, and other national societies interested in advances in psychiatry.

The organization and development of the clinics as operated in Massachusetts, primarily interested in the mental health of the child, have attracted the attention of numerous visitors from many foreign countries—Belgium, France, Finland, England, Scotland, Wales, New Zealand, South Africa and Canada—as well as representatives from eighteen different states, who are in this country studying, making surveys, or simply seeking information with reference to the management of children's problems.

Our clinics are the first to stress the importance of the relationship between habits, conduct patterns and personality traits of an undesirable nature in children,

and maladjustments and inefficiency in later life, and have contributed largely to the development of similar work throughout this country and abroad.

The program of expansion has developed slowly but steadily during the past eight years, and the total number of cases examined and treated has been increasing rapidly. Two new clinics have been opened during the past year; one at the Reading Sanatorium for tuberculous children, the other at Norwood. The Division is planning to provide for adequate clinical facilities for the care and treatment of the mental health of children just as soon as adequate personnel can be obtained. A well-organized plan is now in operation which will aid materially in meeting this problem.

Associated with the operation of the clinics a vigorous educational program has been carried out in co-operation with the state society for Mental Hygiene. There has also been an effective relationship established between the Division of Mental Hygiene and the Departments of Public Health and Public Welfare.

The first clinic for behavior problems in a hospital for tuberculous children was established at the North Reading Sanatorium in July, 1929. It was organized in response to a request from the Hospital Superintendent expressing a need for a plan of handling the behavior disturbances that resulted from subjecting children to prolonged medical routine with enforced inactivity. The clinic has operated monthly at the Sanatorium and has consisted of a full staff including a psychiatrist, psychologist and social worker. In every case a psychological and psychiatric examination were made together with a social service investigation. A consulting service was given in certain cases, and therapy in those where it was deemed advisable.

A series of lectures were given to the hospital personnel in an effort to give them a better understanding of the readjustment demanded of these children, and suggestions made as to the best practical methods.

A survey of the school situation at the Sanatorium was made by the clinic psychologist who, on the basis of findings, made criticisms and recommendations for improving the system, foremost of which was the need for special class teachers who, it was felt, could make a valuable contribution to the training of these children whose physical condition had seriously embarrassed their scholastic progress.

Frequent conferences were held with the Superintendent during which all phases of the most desirable recreational opportunities usable as forms of psychotherapy for the children were considered.

The clinic has rendered the Sanatorium a specialized type of service and is now an active constituent of the consulting group. The clinic has produced some interesting material which the personnel has studied in the hopes of determining something about the prevalence of behavior problems in an atmosphere of the kind that must of necessity prevail in a hospital for tuberculous children. It has also been of interest to note the relationship between those problems existing in children with tuberculosis and those met with in physically well children attending community clinics.

Schools. Very close and helpful relationship between the schools and the clinics has served a most useful purpose in permitting the educators to get a clearer conception of the importance of the mental health of the child in relation to education. The Division of Mental Hygiene has co-operated with those directing the university extension courses throughout the state which have enrolled hundreds of teachers and brought before them in a clear and concise way the functions of the mental hygiene clinics and how they may best serve the purpose of the community in which they are operating.

Training. During the past year the outstanding achievement of the Division, so far as its educational work is concerned, has been that of uniting the state hospital service with Tufts Medical School, as described in considerable detail in the explanation for budget estimates. Briefly, the purpose is to bring a well-recognized medical school in close contact with the clinical facilities in our state institutions, thereby offering for the first time a practical training in psychiatry to undergraduates. There is every reason to believe that this close co-operation between the hospitals and medical school will do much to interest students in the field of psychiatry and relieve a rather serious situation impending in our state hospital

service, as well as providing the state of Massachusetts with medical men with practical training in the field of psychiatry.

Further plans for training physicians already in the state service have been completed. During the month of April a course is to be given at the Boston Psychopathic Hospital for the purpose of training a selected group of physicians who are making contact with the public outside the institutions in connection with the operation of the school clinics and the habit clinics for children of the pre-school age.

There are several excellent clinics being operated quite independently of the Division of Mental Hygiene under the direction of the Superintendents of the Danvers State Hospital, the Worcester State Hospital, and the Monson State Hospital. These clinics are rendering a most valuable service to the community and are setting standards for extra-institutional work which will soon be followed by other progressive states throughout the country.

The Division of Mental Hygiene has created for itself an enviable position both in the field of research and clinical work. Much that is of practical value in the field of mental hygiene has emanated from the State of Massachusetts. The Division of Mental Hygiene has been called upon to assist and advise in the organization and development of clinics to be operated throughout the entire country, as well as several foreign nations. The Director of the Division of Mental Hygiene has been able to bring the Mental Hygiene Bulletin up to date and has endeavored to stimulate interest in the preparation of scientific material by allotting to each state hospital one number of the Mental Hygiene Bulletin.

During the year the Fernald Memorial Bulletin, which will be an admirable tribute to the late Dr. Walter E. Fernald, has been completed. Contributions to this Journal were received from leading authorities all over the United States. This Journal is in the hands of the publishers at the moment and should be ready for distribution late in the spring of 1930. As a member of the 1929 Year Book Committee (a volume of 871 pages) published by the National Association for the Study of Education, the Director had the opportunity of presenting to this large and important group of educators the Massachusetts point of view in relation to mental health and education.

The Division of Mental Hygiene has been called upon through its Director to serve on several committees which are all a part of President Hoover's White House Committee, organized to study the entire field of child health. As a member of other committees interested in national organized movements, such as Nursery Schools, the Director has had the opportunity of presenting to the country at large the results of our activities in the pioneer work which has for its objective the development and preservation of the mental health of the child.

Contributions to scientific journals and journals of the more popular type have appeared at monthly intervals. These articles have been prepared by various members of the staff of the Division of Mental Hygiene and two contributions are being presented by the Director at the International Congress of Mental Hygiene to be held in Washington in May. It may be said in closing that the Division of Mental Hygiene, under the Department of Mental Diseases, State of Massachusetts, has become recognized throughout the country as an essential part of any well-organized plan which embraces the study and care of the mentally sick.

There is reason to believe that with the well-organized and widely developed types of clinics, beginning with the Habit Clinics for children of the pre-school age, the school clinics, clinics attached to general hospitals for early and incipient cases of mental and nervous disorders, and the clinics organized for the purpose of caring for and supervising patients on visits from the state hospitals, the actual number of individuals necessitating care in state hospitals will within a few years be materially lessened, and the amount of money spent in prevention and research will be saved many times over by reducing the amount of new construction that the state is called upon to provide.

Respectfully submitted,

DOUGLAS A. THOM, *Director.*

REPORT OF THE DIVISION FOR THE PSYCHIATRIC EXAMINATION
OF PRISONERS.*To the Commissioner of the Department of Mental Diseases:*

The Director of the Division for the Examination of Prisoners herewith submits his annual report for the year ending November 30, 1929.

The organization of the Division, and the manner of dealing with individual cases, remain substantially as last year. District offices of the Division, each in charge of a district psychiatrist, are found in Salem, Springfield, Taunton and Worcester. The central office is at 11 Beacon Street, Boston. On February 1, 1929, it was moved from Room 818 to Room 932 at that address, the change being necessitated by the crowded condition of the old office.

During the year, 1,930 records have been completed. Of these, one copy has been filed in the office of the Department of Correction, and two copies with the Board of Probation. The total number of cases completed to date is 6,675.

As in previous years, it has been impossible with the funds available to examine all of the prisoners contemplated by the Act (Chapter 309, Acts of 1924) under which the Division operates. In a small number of cases, requests have been made by the court or by the authorities at the House of Correction that a certain prisoner be examined, and these requests have been gladly complied with. The decided majority of cases, however, are chosen at random, care being taken to choose only such cases as are likely to remain in the institution a sufficient length of time to permit the requisite data to be gathered and the necessary examinations to be made. In short, the length of sentence is practically the sole criterion, and the group examined is a fair sample of the whole. As has been stated in previous reports, the history as now obtained by the social workers represents the absolute minimum which can be considered adequate for the purposes of the Division. The requirements as to histories being what they now are (and have been since the organization of the Division), any increase in the number of prisoners examined must mean an increase in personnel. Comparatively few prisoners upon whose cases the Division was working have been transferred to other institutions or paroled before the examination was completed. This fact has been due to the invaluable cooperation of the various boards of County Commissioners, the Penal Institution Commissioner of the City of Boston, and the Department of Correction of the Commonwealth, who have given notice to the Division of proposed transfers and paroles in time to allow the Division to complete the examination already begun.

The practice has been continued of noting the names of all prisoners reported to the Division who are identified as having been previously examined. During the year, 881 such names have been noted. In all, since January 1, 1926, 2,799 admissions of persons known to have been previously examined by the Division have been recorded, or 41.9% of all the prisoners examined. In some instances, of course, the same person has been re-committed several times, but on the other hand a considerable number of previously studied prisoners have been committed under unrecognized aliases. The figures given, therefore, are not accurate but serve to show a marked trend. The percentage of known readmissions to the total number examined has shown a steady increase, as follows: 1926-16.5%; 1927-25.5%; 1928-32.2%; 1929-41.9%. This steadily increasing proportion suggests either that the reports of the Division are not being used to the fullest extent by public and private agencies or that the existing correctional system is inadequate to the problem of recidivism.

That the records of the Division are of material value is indicated by the fact that during the past year the Board of Probation has furnished to thirty-three courts reports on three hundred forty persons then awaiting disposition who had previously been examined by the Division. The existence of such a report is made known to the probation officer in every instance, provided he makes inquiry at the office of the Board as provided by Law. By making use of this report, he is in a much better position to make recommendations to the court than if he depended upon his own necessarily hurried and brief investigation. The courts are coming to realize more and more fully the desirability of full information concerning the background and mental makeup of the defendant as a prerequisite to intelligent

and socially valuable dispositions, and the use of these reports should show a steady increase throughout a larger number of courts. The Commissioner of Probation, Honorable Herbert C. Parsons, has been untiring in his efforts to stimulate the probation officers in the use of the reports; his assistance to the Division has been greatly appreciated.

The work of analyzing the data already accumulated still proceeds. During the year punch-cards for use with the Powers sorter have been prepared, and several tables have been completed. Unfortunately the work has been much retarded by the ill health of the Principal Statistical Clerk, Miss Marion C. Grant. This work will be vigorously prosecuted in the near future. Much valuable assistance has been received in this work so far from Professors E. B. Wilson, and C. R. Doering of the Harvard School of Public Health, E. A. Hooton of the Harvard Department of Anthropology, and from Professor and Mrs. Sheldon Glueck of the Harvard Law School.

The project undertaken by the Harvard Department of Anthropology with the Division over three years ago under the direction of Professor Hooton is still under way, as mentioned in the report for last year. It represents by far the most extensive and thorough work yet done in the field of criminal anthropology and may safely be expected to yield valuable and practical results.

During the year, Mrs. Sarah D. Small, a Social Worker in this Division, made an intensive study of the subsequent record of cases examined by this Division, to determine to what extent the recommendations made as provided by law were carried out, and with what results. Only those prisoners were studied who had been released at least two years prior to this period. The total number studied, 1,080 (out of the 5,000 examined at that time) represented 540 cases on which some action was taken by the Department of Correction, and a control group of 540 cases on which nothing had been done. The Department of Correction had at that time taken some action on 1,326 cases altogether.

Recidivism during the first two years was found to be 63% and not relatively greater in the group on whom action was started when compared with those on which nothing was done; it was further found, however, that practically nothing had been done by the agencies to whom cases had been referred. Recommitments to institutions occurred in 61% of all those known to have subsequent criminal records. Eighty-six per cent of the alcoholics were found to have been in court again during the two year period, and of those charged with offenses against property, at least 79% had subsequent records. The age group up to thirty years of age contributed very largely to the Reformatory and to State Prison; the ages between 30 and 40 showed alcoholism to be a serious problem; and the group beyond 40 began to contribute to the hospitals for mental disease. Those diagnosed as Mentally Defective contributed largely to those who later were committed to the Massachusetts Reformatory; while those diagnosed as Psychopathic Personality contributed largely to the State Prison. Twenty-five and four-tenths per cent of the 1,080 had been designated as needing immediate action, but on tracing their history it was found that very little, if anything, had been done because of lack of facilities or lack of cooperation either on the part of the ex-prisoner or on the part of private social agencies to whom cases were referred.

The study demonstrated the high incidence of recidivism in the group studied by the Division, and emphasizes the importance of an effective use of the information amassed by the Division as a means of attacking the problem.

An intelligent public interest continues to be manifested in matters relating to delinquency and to the general activities of the Department of Mental Diseases. During the year the Director has given one radio address, and has spoken to thirty-two groups of interested persons. He has also had occasion during the year to publish seven articles dealing with one phase or another of the application of psychiatry to the crime problem. Such widespread public interest augurs well for the possibility of progress in dealing scientifically with delinquency.

The Advisory Committee has held several meetings during the year, for the discussion of the activities and policies of the Division. The advice of the members of this group made up as it is of leaders in various lines of activity related to the work of the Division has been most valuable. The only change of personnel in

the Committee during the year has been the resignation of Hon. Sanford Bates, who resigned his post of Commissioner of Correction to become Federal Superintendent of Prisons. Mr. Bates has always been sympathetic and helpful in his relations with the Division, and his resignation from the Committee is a source of regret. He is succeeded by Dr. A. Warren Stearns, whose rich experience and sound judgment make him a fitting successor.

Once more it is the Director's pleasant duty to express to the officials of the State, cities and towns, and to the various private social agencies, the heartfelt thanks of the Division for their courtesy, cooperation and assistance. Among those may be especially mentioned the various boards of County Commissioners, the Penal Institution Department, and the Police Department of the City of Boston, the Sheriffs and Masters of the Houses of Correction, the probation officers and the Board of Probation. The State Departments of Correction, Public Health, and Public Welfare, have likewise been most helpful. Finally, the Director wishes to express to the Commissioner of Mental Diseases and to the other members of the Advisory Committee his sincere gratitude for their support and advice, which have continued to be, as in years past, a source of profound satisfaction to him in the conduct of his duties.

Changes in personnel follow:

Mrs. Bertha Perry, appointed Social Worker, Taunton District, December 1, 1928.

Mr. Samuel C. Lawrence, social worker in Boston District, granted leave of absence April 1, 1929 to May 15, 1929.

Miss Catherine Murphy (Mrs. McGachie), Junior Stenographer, Boston office, granted leave of absence May 1, 1929 to November 1, 1929.

Mrs. Sarah D. Small, Social Worker in Boston office, granted leave of absence from October 1, 1929 for 11 months.

Miss Marion Grant, Principal Statistical Clerk, granted leave of absence October 15, 1929 for three months.

Respectfully submitted,
WINFRED OVERHOLSER, *Director*.

REPORT OF THE DIVISION OF MENTAL DEFICIENCY.

To the Commissioner of the Department of Mental Diseases:

A report of the work of the Division of Mental Deficiency for the year ended November 30, 1929, is respectfully submitted.

The subjects listed below are discussed in this report:

- I. Traveling Psychiatric School Clinics for the Examination of Retarded Children in the Public Schools.
 - (a) Historical Sketch of Organization, 1915-1929.
 - (b) Total Examinations, 1929.
 - (c) Diagnosis of First Examinations, 1929.
 - (d) Diagnosis of Re-examinations, 1929.
 - (e) Personnel of Clinics, 1929, by Institution.
 - (f) Comparison between Diagnosis of First Examinations and Re-examinations, 1929.
 - (g) Comparison between Diagnosis of First Examinations and Re-examinations, 1928 and 1929.
 - (h) Total Examinations, 1926, 1927, 1928, 1929, by Clinic.
 - (j) Total Towns Examined, 1926, 1927, 1928, 1929.
- II. Incidence of Retardation, 1929, by Towns.
- III. Research in Mental Deficiency.
- IV. Publications.
- V. Social Service Division.
- VI. Community Supervision.
- VII. Analysis of Waiting Lists to All State Schools, 1929.

VIII. Recommendations.

Graph I. Number of Clinic Examinations, 1915-1929.

Graph II. Accumulative Graph of Clinic Examinations, 1915-1929.

I. (a) TRAVELING PSYCHIATRIC SCHOOL CLINICS: HISTORY.

During the year 1929, the Division continued its supervision of the fifteen traveling psychiatric school clinics coming under this Department. These clinics have been in operation for fifteen years, and have been State-wide in their function since 1921, or a period of eight years.

The Massachusetts School Clinic System was devised and placed in operation by the late Dr. Walter E. Fernald, who sent out the first traveling clinic from the Waverley School in 1915. In 1917, the late Dr. George L. Wallace sent out the second traveling clinic from the Wrentham State School. As time went on, however, it soon became evident that these two clinics could not examine all the backward children in the public schools of the entire State, and the formation of additional units became imperative. Dr. Fernald placed the matter before the Commissioner of Mental Diseases, Dr. George M. Kline, and in 1921, as a result of their collaboration, traveling clinics were created to operate from each of the fourteen institutions under the Department of Mental Diseases. Thus, for the first time, an adequate State-wide system for the examination of all retarded children was made possible. The fifteenth clinic was added in January, 1928.

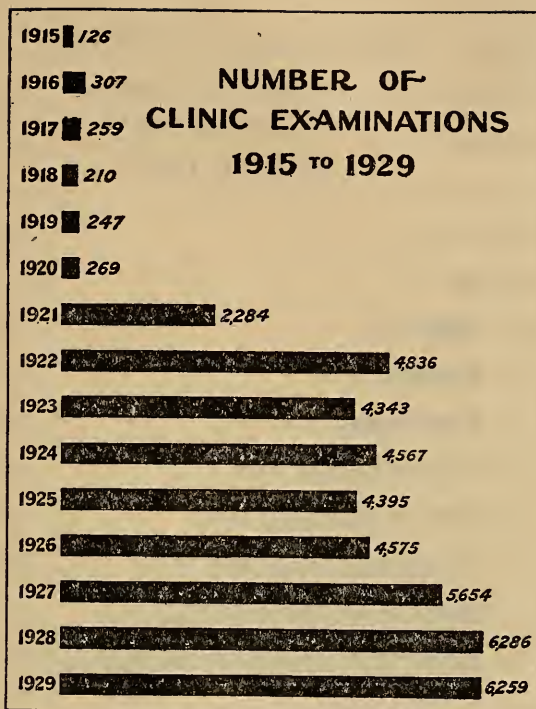
Dr. Kline saw that the withdrawal of a psychiatrist from the medical staffs of the various hospitals was impracticable, and therefore increased the quota of each institution by one physician and one psychologist to carry on this important work. Dr. Payson Smith, Commissioner of Education, took an active part in framing the law relating to retarded children and in outlining and enforcing the school clinic regulations which have contributed so materially to the school clinic system.

The General Court of 1919 enacted a law to legalize the operation of the clinics in the public school system. This law was later amended by the legislature of 1922, and is as follows:

Chapter 71, Section 46, General Laws, as amended by statutes, 1922, chapter 231 — "The school committee of every town shall annually ascertain, *under regulations prescribed by the Department and the Commissioner of Mental Diseases* the number of children three years or more retarded in mental development in attendance upon its public schools, or of school age and resident therein. At the beginning of each school year, the committee of every town where there are ten or more such children shall establish special classes for their instruction according to their mental attainments, under regulations prescribed by the department. No child under the control of the department of public welfare or of the child welfare division of the institutions department of the city of Boston who is three years or more retarded in mental development within the meaning of this section, shall, after complaint made by the school committee to the department of public welfare or said division, be placed in a town which is not required to maintain a special class as provided for in this section. (Approved March 31, 1922.)"

The Department of Education outlined certain regulations dealing with examinations and special class provision. The first paragraph applies in particular to the school clinics under the supervision of this Division. The regulation is as follows: "1. The school committee shall require the examination of all children of school age residing in the town who appear to be three or more years retarded in mental development. *The examination shall be given by the State Department of Mental Diseases or an examiner approved by that Department.*"

The growth in the number of examinations completed by the traveling clinics each year is outlined in Graph I. This shows the humble beginning in 1915, when 126 children were examined, and the steady increase up to 1929, when 6,259 were examined. The striking increase in 1921 is due, of course, to the simultaneous operation of fourteen clinics.



GRAPH I. — NUMBER OF CLINIC EXAMINATIONS, 1915 to 1929

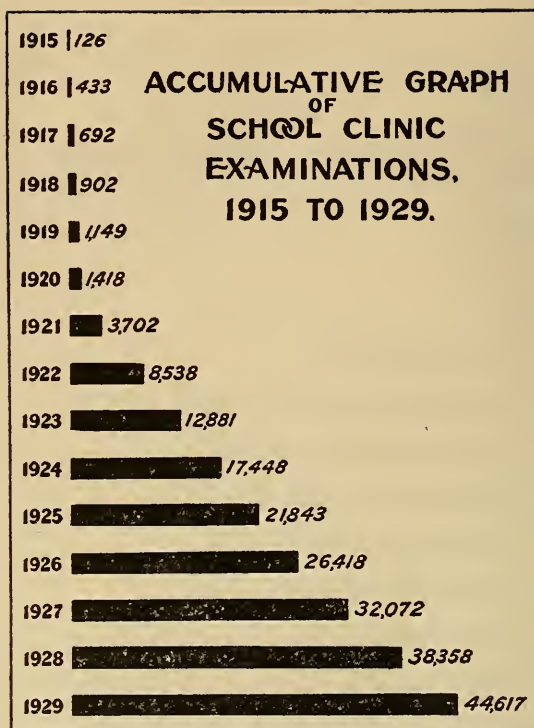
Graph II outlines the accumulation of examinations. It shows that a total of 44,617 examinations of retarded children have been conducted by the clinics during the fifteen years of operation.

In connection with the school clinic work, the Director has held numerous conferences with officials of the Department of Education, with school superintendents and school teachers, with clinic psychiatrists, and with special class teachers, so that the service rendered by the clinics may best meet the varying needs of the school systems involved.

Throughout the State there has been a steady increase of interest in the work which is being done by our traveling clinics. Superintendents now welcome any assistance which the clinics can give, and have become enthusiastic supporters of this system of examining retarded children. They were not long in recognizing the fact that the service provided is detached from the local school organization, and, as such, can provide an examination which is wholly impersonal.

The psychiatrists of the traveling clinics have invited the parents of children examined to come to the schools and to confer with them following the examinations. Many parents cooperated in this matter, and have come to a better understanding of their children when behavior problems and other difficulties have been interpreted to them by the psychiatrist.

The superintendents of the various state hospitals and schools recognize the value of the traveling school clinic as an out-patient activity. The service which can be rendered to the community in the diagnosis and placement of backward children in the schools is of incalculable value. Several of the superintendents have been most cooperative in assuming extra territory in which to conduct examinations.



GRAPH II. — ACCUMULATIVE GRAPH OF SCHOOL CLINIC EXAMINATIONS, 1925 to 1929

I. (b) TOTAL EXAMINATIONS DURING 1929.

Table I reveals that a total of 6,259 examinations were conducted by all clinics during the year 1929. Of these examinations 4,923, or 78.7 per cent were first examinations, and 1,336, or 21.3 per cent were re-examinations. The sex difference is noticeable in that 4,114, or 65.7 per cent of all examinations were males, and 2,145, or 34.3 per cent were females.

We observe that 2,436, or 49.4 per cent of the total first examinations were recommended for special classes: 48.0 per cent of male, and 52.1 per cent of female first examinations. One hundred sixty-three, or 3.3 per cent of the total first examinations, were recommended for placement within an institution: 2.8 per cent of male, and 4.1 per cent of female first examinations. Of the total re-examinations, we note that 693, or 51.8 per cent were recommended for special classes: 51.0 per cent of male, and 53.5 per cent of the female re-examinations. In other words, considering both of these groups together, that is, first examinations and re-examinations, we observe that 3,129 children were recommended for special class care in Massachusetts *during a single school year*. As the total in special classes in the towns having an examination in 1929 is now 3,855, we can see the great need for additional special class provision.

Sixty-five, or 4.8 per cent of the total re-examinations were recommended for placement within an institution: 4.9 per cent of all male, and 5.6 per cent of all female re-examinations.

There are several interesting sex differences demonstrated in Table I. In the total children coming up for examination, the boys outnumber the girls in a 1.9:1 ratio. Considering first examinations only, the ratio is 1.8:1. In re-examinations, the boys show a decidedly higher proportion, the ratio being 2.0:1. In the total number recommended for special classes, the sex ratio is 1.7:1. In the number recommended for institutional care, the boys show even smaller proportions, the ratio being 1.4:1. While the differences are small, we may say that relatively fewer boys than girls are recommended for special classes or for institutional care.

It has been suggested that conduct in boys plus mental retardation may be the reason for the larger numbers being referred for examination, or in the 1.9:1 ratio. This appears to be supported by the fact that relatively smaller numbers of boys are recommended for special classes, the ratio being 1.7:1. That is, other factors than low intelligence appear as causative factors in the school failure of boys. However, the lower relative numbers of boys recommended for admission to state schools (1.4:1 ratio) interferes with the acceptance of conduct as the deciding factor. We know that conduct is the principal factor in creating an urgency for admission to a state school. Yet, relatively fewer boys are recommended for institutions. This forces the consideration of other factors. We may assume that environmental and social stresses are practically the same for both sexes. With conduct and environment practically ruled out of consideration, we are forced to turn to other possibilities. There appears to be some factor in the personality or adaptability of males which renders difficult their adjustment to the school curriculum. There is another possibility, of course, that the school curriculum or the scheme of school administration may be better suited to the needs of girls than boys. Whatever the cause, we may say that boys find it more difficult to adjust to the life period spent in the public schools, and become retarded in school work in practically a 2:1 ratio as compared with girls.

I. (c) DIAGNOSIS OF FIRST EXAMINATIONS, 1929.

Table II records the mental diagnosis of all first examinations, outlining the distribution of intelligence quotient groups. In interpreting this table, it must be recalled that the decisions are not based upon the mental tests alone. The psychiatrist bases his decision on facts resulting from a very complete survey of the child's history and life. This gives a diagnosis which is the result of an accurate evaluating of the personality, the mental and physical characteristics, and the environmental factors. It gives a diagnosis based on the child's reaction to his educational and home environments rather than a diagnosis based solely upon arbitrary mental tests.

The first examinations present interesting sex differences. Of the total first examinations of boys, 33 per cent were diagnosed as mentally defective (I.Q. 0-.69), while 41 per cent of the girls fell in this grouping. However, it will be noted that in the borderline, dull, normal, or superior groups, the males presented higher proportions than the females. That is, definitely higher proportions of females are being diagnosed as mentally defective. These percentage distributions are reflected somewhat in the average intelligence quotients. The average intelligence

TABLE II. — *Diagnosis of 4,923 First Examinations by School Clinics for Year Ended November 30, 1929.*

HOSPITALS AND SCHOOLS.	Total.		Feeble-minded.		Borderline.		Dull.		Average or Normal.		Superior.		Diagnosis Deferred.		Average I. Q.	
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	Both M. F.
Belchertown . . .	77	47	30	19	12	7	19	13	6	15	9	6	—	—	—	.80 .80 .79
Psychopathic . . .	74	46	28	3	3	0	16	7	9	38	25	13	—	—	—	.92 .93 .91
Boston State . . .	336	196	140	41	22	19	110	62	48	55	38	17	—	—	—	.81 .82 .79
Danvers . . .	219	128	91	56	25	31	127	7	5	—	—	—	10	3	7	.70 .71 .68
Foxborough . . .	401	270	131	73	43	30	75	49	26	55	43	12	72	44	28	.81 .82 .77
Gardner . . .	156	105	51	66	41	25	55	43	12	80	55	25	110	73	37	.71 .72 .69
Grafton . . .	292	200	92	80	49	31	19	14	5	10	9	1	—	—	—	.77 .77 .74
Medfield . . .	370	263	107	122	82	40	61	45	16	52	43	9	8	5	3	.74 .75 .72
Monson . . .	299	192	107	123	71	52	82	63	19	27	23	4	2	1	1	.70 .71 .69
Northampton . . .	352	246	106	151	99	52	32	25	7	12	8	4	3	2	1	.68 .69 .68
Taunton . . .	225	143	82	112	67	45	33	18	6	24	18	6	91	2	33	.70 .70 .69
Walter E. Fernald . . .	1,287	828	459	598	358	240	118	85	33	24	20	4	209	146	63	.68 .69 .66
Westborough . . .	211	136	75	65	38	27	41	26	15	23	19	4	—	—	—	.75 .76 .72
Worcester . . .	624	419	205	263	154	109	111	82	29	36	28	8	5	3	2	.72 .73 .69
Wrentham . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total . . .	4,923	3,219	1,704	1,772	1,064	708	722	497	225	407	302	105	551	373	178	.73 .74 .71
Per Cent . . .	100.0	100.0	100.0	35.9	33.0	41.5	14.6	15.4	13.2	8.2	9.3	6.1	11.1	11.5	10.4	

NOTE: — For this table take psychiatrists diagnosis if it does not agree with the I. Q. group designation.

quotient of boys coming up for examination was .74, while that of the girls was .71.

The material in this table suggests to us that retardation in school work is more commonly associated with mental defect among girls than boys. There is a striking preponderance of girls mentally defective as compared with boys. If we assume mental equality in the sexes, we may infer that school retardation in girls is more commonly associated with the lower degree of intellectual development. However, this is not necessarily so among the boys. Here it appears that school retardation may be associated with all degrees of intelligence, the high as well as the low.

In 11.1 per cent of first examinations, the diagnosis was deferred. It has been a definite policy of all clinic psychiatrists to defer diagnosis in doubtful cases. This conservatism means that there is little possibility of injustice being done to any child coming up for examination. If the psychiatrist has doubt about the mental status of the child, he defers diagnosis, and requests that the child return for another examination on the next visit of the clinic.

I. (d) DIAGNOSIS OF RE-EXAMINATIONS, 1929.

Table III records the mental diagnosis of all re-examinations, outlining the distribution of intelligence quotient groups. When the clinics return to the schools for their next visit, the superintendents assemble the cases which were diagnosed under the heading of "Deferred Diagnosis" and add to this group other cases in which specific factors have suggested re-examinations.

Cases are scheduled for re-examination for several reasons. A particular child may have difficulties in special classes, or present certain retrograde mental changes. Another child may have shown marked improvement in special class work, and it may be felt that there is a possibility of his succeeding in regular grade work. Then, there are other cases which have not been assigned to special classes but have had coaching in special subjects or have presented retardation apparently not associated with any degree of mental deficiency. These doubtful and borderline cases make up a large proportion of the re-examinations.

While 11 per cent of the first examinations resulted in the classification of "Diagnosis Deferred", we observe that in the re-examinations this proportion is materially smaller (6.5 per cent). This demonstrates again the conservatism of the clinic psychiatrist in making a diagnosis. It reveals that when the clinic heads are at all doubtful of the situation they are unwilling to make a diagnosis *even after two examinations have been made*. This is mentioned simply to answer any question which may arise as to the possibility of injustice being done to any child coming up for examination.

While the material is not presented in this table, it is interesting to observe the disappearance of conduct disorders when children have been placed in a special class. Children having had a great deal of difficulty in the regular classes show a very favorable reaction when placed in classes suited to their respective mental ages. School superintendents have repeatedly told of complete changes in the behavior patterns of children following the placement of the child in a special class. Many of the conduct disorders of these children disappear when they are no longer subjected to the strains and stresses of regular class work in competition with children of higher intelligence.

Noticeable sex differences are present. Of the total re-examinations of boys, 43 per cent were diagnosed as mentally defective (I.Q. 0-.69), while 52 per cent of the girls fell in this grouping. That is, relatively larger proportions of girls were diagnosed as feeble-minded among these re-examinations. However, in the borderline, dull, average and superior groups, the males present higher proportions.

These percentage distributions are reflected in the average intelligence quotient. The average I. Q. of boys re-examined was .71, while that of the girls was .68.

I. (e) PERSONNEL OF CLINICS, 1929, BY INSTITUTION.

It would be hardly fitting to proceed further in the report without mentioning the personnel of the clinics which carried on this important work so ably during the year 1929.

TABLE III. — *Diagnosis of 1,336 Re-examinations by School Clinics for Year Ended November 30, 1929.*

HOSPITALS AND SCHOOLS.	Total.		Feeble-minded 0-69		Borderline .70-.79		Dull .80-.89		Average or Normal .90-1.09		Superior 1.10+		Diagnosis Deferred		Average Intelligence Quotient.	
	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	Both	M. F.
Belchertown	37	22	15	7	8	6	2	2	15	9	5	4	—	—	.83	.83
Boston Psychopathic	56	39	17	22	12	12	0	6	12	6	22	15	—	—	.91	.90
Boston State	166	103	63	40	57	33	24	30	38	30	7	3	—	—	.73	.74
Danvers	36	27	9	18	9	7	2	—	—	—	—	—	2	2	.63	.64
Foxborough	84	62	22	40	28	21	7	8	—	8	—	0	12	8	.69	.70
Gardner	8	7	1	6	1	1	0	—	—	1	1	0	—	—	.66	.67
Grafton	35	24	11	13	10	8	2	4	—	1	1	0	2	2	.69	.70
Medfield	49	35	14	21	17	14	3	—	—	1	1	1	—	—	.67	.68
Monson	96	60	36	24	28	13	15	9	—	—	—	—	—	—	.67	.68
Northampton	229	146	83	63	39	26	13	14	12	2	6	5	31	19	.65	.67
Taunton	67	44	23	21	18	13	5	6	3	3	2	2	—	12	.65	.67
Walter E. Fernald	231	176	55	121	67	52	15	34	25	9	5	0	27	21	.67	.66
Westborough	89	55	34	21	—	12	10	—	—	—	—	—	—	6	.70	.69
Worcester	153	95	58	37	22	33	18	11	9	2	3	0	14	9	.69	.71
Wrentham	—	—	—	—	51	33	—	25	19	6	10	8	—	—	.71	.73
Total	1,336	895	441	454	367	251	116	179	133	46	70	52	88	61	.70	.71
Per Cent	100.0	100.0	100.0	100.0	27.4	28.0	26.3	13.3	14.8	10.4	5.2	5.8	6.5	6.8	6.1	6.1

NOTE: — For this table take psychiatrists diagnosis if it does not agree with the I. Q. group designation.

TABLE IV.—*Personnel of Traveling Clinics by Institution for Year Ended November 30, 1929.*

HOSPITALS AND SCHOOLS.	PSYCHIATRIST IN CHARGE	PSYCHOLOGIST	SOCIAL WORKER
Belchertown. . .	Ella J. Goodale, M. D.	Isobel Knapp	Charlotte L. Beckmann
Boston Psycho. . .	Mary Palmer, M. D.	Mrs. Helen Bowie	Ethel A. Gleason
Boston State . .	Alberta S. Guibord, M. D.	Elizabeth Walter	—
Danvers State . .	Edgar C. Yerbury, M. D.	—	Mary H. Holland
	Evelyn Alpern, M. D.		Pearl E. Hartshorn
			Edith M. Mason
Foxborough . .	Cornelia B. J. Schorer, M. D.	Erma Juhl	Elizabeth L. Moseley
		M. A. Ragsdale	Esther Glickman
			Students
Gardner . . .	L. O. Farrar, M. D.	—	—
Grafton. . . .	Anna C. Wellington, M. D.	—	Mrs. Grace D. Raynes
Medfield . . .	George A. Troxell, M. D.	Katherine Harris	Nina Eldridge
			Alice Boynton
			Lillian Levin
Monson	Lucie G. Forrer, M. D.	Mary Fitzgerald	Lula P. Hayes
Northampton . .	Harriet W. Whitney, M. D.	Maryalys S. Parker	Mary W. Killam
			Rhoda L. Smith
Taunton	H. S. Tait, M. D.	Margaret K. Chapin	Emma Shaw Lowe
	N. Raskin, M. D.		Annie M. Heal
	L. E. Boutelle, M. D.		
Walter E. Fernald	Esther S. B. Woodward, M. D.	Pearl A. Parker	—
Westborough . .	—	—	—
Worcester . . .	S. P. Ackerley, M. D.	David Shakow	J. A. Harrington
	S. W. Hartwell, M. D.		
Wrentham . . .	Alice M. Patterson, M. D.	Ruth A. Prouty	—
		Beatrice Wolfson	

Table IV outlines the personnel of the clinics of the various institutions at the end of the year, giving the names of the psychiatrists in charge, the psychologists and the social workers. Many words of commendation have come to the Department of the thorough-going work done by the various members of the clinics. The problems which come up to them are trying and difficult at the best, and the manner in which they have carried out their assignments has earned the praise of all concerned. Rendering a diagnosis of mental deficiency in children is an extremely serious matter both to the child and to the parents. We can understand the gravity of the situation when we see that the diagnosis may prove to be a turning point in the child's life. The workers who carried out the difficult tasks of assembling information and rendering decisions on these cases must be considered as pioneers in the field of child adjustment. Facing the difficult task of taking a strange clinic into towns unaccustomed to such service, they have met situations in a most tactful manner, both to the satisfaction of school officials and the community in general.

From the vantage point of the central office, it is interesting to observe the change in attitude on the part of many school superintendents who were rather apprehensive when the clinics first began to visit their schools. One superintendent who had serious doubts of the usefulness of even an annual visit of the clinic within his particular school system recently made a request that the clinic visit his territory every two weeks and examine problem as well as retarded children.

All clinics reported to the Department the costs of the operation of the respective clinics. These costs included salaries, maintenance, expenses in the field, automobile and supplies. The average cost of each examination was found to be \$4.95.

I. (f) COMPARISON BETWEEN DIAGNOSIS OF FIRST EXAMINATIONS AND RE-EXAMINATIONS, 1929.

Table V. shows the percentage comparisons between the I. Q. distributions of the first examinations and re-examinations. We note distinct differences. In the first examinations 35 per cent of the group were mentally defective, while in the re-examinations 46 per cent fell in this classification. We also note that the re-examinations present smaller percentages in the higher mental classifications. The average intelligence quotient of first examinations was .73, and that for re-examinations was .70 for both sexes.

TABLE V. — *Percentage Distribution of Intelligence Quotient Groupings of First Examinations and Re-examinations, 1929, by Sex.**First Examinations.*

	0—.69	.70—.79	.80—.89	.90—1.09	1.10+	De-ferred	Total	Mean Intel-ligence Quotient
Male . . .	33.0	29.7	15.4	9.3	.8	11.5	100.0	.74
Female . . .	41.5	28.1	13.2	6.1	.4	10.4	100.0	.71
Both Sexes .	35.9	29.1	14.6	8.2	.6	11.1	100.0	.73

Re-examinations.

Male . . .	43.7	28.0	14.8	5.8	.6	6.8	100.0	.71
Female . . .	52.6	26.3	10.4	4.0	.4	6.1	100.0	.68
Both Sexes .	46.7	27.4	13.3	5.2	.5	6.5	100.0	.70

Within both groups we see large numbers of females in the mentally defective group. Among the first examinations, the percentages feeble-minded are 33.0 for males and 41.5 for females; in the re-examinations the same relationships are observed: 43.7 per cent for males, and 52.6 per cent for females. We expect the lower grade cases to return for re-examination as they have expected difficulties in adjustment.

I. (g) COMPARISON BETWEEN DIAGNOSIS OF FIRST EXAMINATIONS AND RE-EXAMINATIONS, 1928 AND 1929.

Table VI presents a comparison between the percentage distributions of intelligence groupings in first and re-examinations for the years 1928 and 1929. While it is dangerous to generalize from a comparison between two years, we note that there appears to be a decidedly higher grade of case coming up for first examination in 1929 than in 1928. We note that 43.8 per cent of first examinations were mentally defective in 1928, and in 1929 this was diminished to 35.9 per cent. The average I. Q. of the 1928 first examinations was .69. In 1929, this was raised four points to .73. While this difference in averages is not large, it must be recalled that we are dealing with fairly large numbers in these samples. An average difference of four points in the mean intelligence quotients is significant, as evidenced in the material differences between the two distributions.

Among the re-examinations, we note a similar condition in that more cases of higher mental grade came up for re-examination in 1929. Fifty-four and eight tenths per cent of re-examinations in 1928 were mentally defective, while in 1929 the proportion was less, being 46.7 per cent. The average I. Q. for 1928 was .66 as opposed to .70 for 1929, a four point difference. While it is difficult to judge from the results of two years, we may see a suggestion here that the mental status of cases coming up for both first examination and re-examination is showing an upward tendency.

TABLE VI. — *Diagnosis of First and Re-examinations for the Years 1928 and 1929, First Examinations.*

	Total.	Feeble-minded (0—,69)	Border-line (.70—.79)	Dull (.80—.89)	Average (.90— 1.09)	Superior (1.10+).	Diagnosis Deferred	Average I. Q.
1928 Number	4,916	2,150	1,206	769	3.27	16	448	.69
Per cent	100.0	43.8	24.5	15.6	6.6	.3	9.1	—
1929 Number	4,923	1,772	1,437	722	407	34	551	.73
Per cent	100.0	35.9	29.1	14.6	8.2	.6	11.1	—

Re-examinations.

1928 Number	1,370	746	357	158	56	2	51	.66
Per cent	100.0	54.8	26.1	11.5	4.0	.1	3.8	—
1929 Number	1,336	624	367	179	70	8	88	.70
Per cent	100.0	46.7	27.4	13.3	5.2	.5	6.5	—

I. (h) TOTAL EXAMINATIONS, 1926, 1927, 1928, 1929, BY CLINIC.

Table VII outlines the total number of examinations conducted by the clinics at the various institutions for the years 1926–1929 inclusive. Considering the last four years of operation only, we notice that the greater number of examinations were done by the Walter E. Fernald State School Clinic. The traveling clinic of this institution has conducted over 1,400 examinations each year, or a total of 5,834 cases for the four years; the clinic of the Northampton State Hospital is second, with a total of 3,165 examinations during this period; Wrentham State School is third, with 2,743 examinations; Boston State Hospital is fourth, with 1,825 cases; and Foxboro State Hospital is fifth with 1,519 examinations. The foregoing clinics are to be particularly commended for their activities, insofar as they have had a difficult task in molding public opinion, and have done outstanding work in the territories assigned to them.

TABLE VII. — *Total School Clinic Examinations Conducted for the Years 1926, 1927, 1928 and 1929, by Institutions.*

HOSPITALS AND SCHOOLS	1926	1927	1928	1929
Belchertown State School	—	—	251	114
Boston Psychopathic Hospital	271	121	141	130
Boston State Hospital	355	527	441	502
Danvers State Hospital	162	132	176	255
Foxborough State Hospital	300	431	303	485
Gardner State Colony	122	58	125	164
Grafton State Hospital	66	—	343	327
Medfield State Hospital	70	298	510	419
Monson State Hospital	384	398	225	395
Northampton State Hospital	708	876	1,000	581
Taunton State Hospital	90	230	360	292
Walter E. Fernald State School	1,411	1,413	1,492	1,518
Westborough State Hospital	—	26	85	—
Worcester State Hospital	110	402	197	300
Wrentham State School	603	726	637	777
Total	4,652	5,638	6,286	6,259

In comparing the number of examinations for the two years, 1928 and 1929, we notice increases for 1929 in the number of examinations done by the clinics of the Boston State Hospital, Danvers State Hospital, Foxboro State Hospital, Gardner State Colony, Monson State Hospital, Worcester State Hospital, W. E. Fernald State School and Wrentham State School. The following institutions showed

decreases for the number of examinations conducted during 1929 as compared with 1928: Belchertown State School, Boston Psychopathic Hospital, Grafton State Hospital, Medfield State Hospital, Northampton State Hospital, Taunton State Hospital and Westborough State Hospital.

I. (j) TOTAL TOWNS EXAMINED, 1926, 1927, 1928, 1929.

Table VIII gives the numbers of towns in which clinics were conducted during the years 1926, 1927, 1928 and 1929. This table also reveals the effort made by the clinics in adding new territory for this period. Under the heading "Towns Added During Year" we note that in 1926, thirty-six new towns were visited in which no previous clinic examination had been held; in 1927 this number was 47; in 1928 it dropped to 15; and in 1929 it increased to 27. Thus we see that *while the clinics have been in operation since the year 1915, there were 27 towns making use of the service of the clinics for the first time in the year 1929.* This finding reveals the difficulties which are met in introducing a new approach to the solution of child adjustment problems.

TABLE VIII. — *Number of Towns in which School Clinics were Conducted during the Years 1926, 1927, 1928 and 1929.*

HOSPITALS AND SCHOOLS.	TOWNS PREVIOUSLY EXAMINED.				TOWNS ADDED DURING YEAR.				TOTAL TOWNS.			
	1926	1927	1928	1929	1926	1927	1928	1929	1926	1927	1928	1929
Belchertown . . .	—	—	—	1	—	—	4	3	—	—	4	4
Boston Psychopathic	1	1	1	1	—	—	—	—	1	1	1	1
Boston State . . .	2	3	2	2	—	—	—	—	2	3	2	2
Danvers . . .	5	8	6	5	2	1	1	10	7	9	7	15
Foxborough . . .	6	13	13	12	1	—	1	—	7	13	14	12
Gardner . . .	10	8	11	7	1	1	1	1	11	9	12	8
Grafton . . .	2	—	10	9	—	—	—	2	2	—	10	11
Medfield . . .	2	4	6	7	—	1	1	—	2	5	7	7
Monson . . .	3	4	3	3	1	—	—	1	4	4	3	4
Northampton . . .	16	32	36	27	24	2	—	1	40	34	36	28
Taunton . . .	3	3	13	13	1	16	2	4	4	19	15	17
Walter E. Fernald . .	15	17	22	24	3	8	2	—	18	25	24	24
Westborough . . .	—	1	1	—	—	—	2	—	—	1	3	—
Worcester . . .	3	11	7	20	2	15	—	4	5	26	7	24
Wrentham . . .	9	10	10	10	1	3	1	1	10	13	11	11
Total . . .	77	115	141	141	36	47	15	27	113	162	156	168

The total number of towns in which examinations were held increased from 113 in 1926 to a total of 168 in 1929. The State-wide nature of the school clinic examining plan is clearly outlined in this last figure. We see that in the last single year of operation, or during 1929, the clinics visited 46 per cent of the 355 cities, towns and villages of the Commonwealth. Some of the smaller towns and villages do not require a clinic visit each year, so that the total towns already served by these clinics would present a much higher figure. If these figures were presented on a population basis, we would find that the proportion would be smaller. This is due to the fact that the large cities of Boston and Springfield are not served by our clinics. However, one of the greatest values of the system has arisen from the fact that the smaller towns are rendered a type of service which would be practically unobtainable otherwise.

Many inquiries from other states directed to this Division in reference to the school clinic system reveal that the need for the examination of retarded or problem children in rural districts is a major problem in most states of the Union. They find no difficulty in providing a psychiatric service for the larger cities. However, the smaller communities feel keenly the need for a psychiatric service, particularly in reference to the many problems of retardation in school children. The traveling psychiatric unit as developed in Massachusetts appears to be a very satisfactory answer to these questions.

TABLE IX. — *Towns in which First Examinations of Retarded Children were held during 1929: School Population; Number of Special Classes; Number of Children in Special Classes; Number of First Examinations; Percentage of School Population (a) in Special Classes, (b) Referred to Psychiatric Clinics, (c) Diagnosed as Mentally Defective, (d) Diagnosed as Retarded, by Clinic.*

(1)	(2)	(3)	(4)	(5) 4÷2	(6)	(7)	(8)	(9) 6+7+8 ÷2				(10) 6÷2	(11) 7+8 ÷2			
CLINIC AND TOWN.	School Popu- lation, Gram- mar Grades	Number of Special Classes	Number of Children in Special Classes.	Percent- age of School Popula- tion in Special Classes.	FIRST EXAMINATIONS BY TRAVELING CLINICS.								PER CENT OF SCHOOL POPULATION, 1929.			
					MENTALLY DEFECTIVE.			DIAGNOSIS NOT MENTALLY DEFECTIVE (Retarded).			DEFERRED			Referred to Clinics as Retarded.	Diagnosed as Mentally Defective	Diagnosed as not Mentally Defective (Retarded)
					T.	M.	F.	T.	M.	F.	T.	M.	F.			
Belchertown	687	—	—	—	5	3	2	4	3	1	1.31	.71	.58			
Deerfield (South Deerfield)	1,093	1	15	1.37	5	4	1	43	24	19	4.39	.45	3.93			
South Hadley	317	—	—	—	4	3	1	3	3	0	2.20	1.26	.94			
Sunderland	245	—	—	—	5	2	3	8	5	3	5.30	2.04	3.26			
Whately		—	—	—												
Boston Psychopathic		—	—	—												
Brookline	4,191	3	22	.52	3	3	0	71	43	28	1.76	.07	1.69			
Boston State	7,485	9	93	1.24	13	7	6	116	64	52	1.83	.17	1.54			
Everett	12,997	6	75	.57	28	15	13	169	107	62	1.53	.21	1.30			
Somerville		—	—	—												
Danvers		—	—	—												
Andover	1,109	1	10	.90	3	2	1	16	7	9	3.15	.27	1.44			
Billerica	999	1	10	1.00	1	0	1	1	—	—	1.20	.10	—			
Dracut	1,361	1	13	.95	5	3	3	2	1	0	1.10	.36	.07			
Haverhill	6,386	2	34	.53	8	3	5	16	12	4	.46	.12	.25			
Ipswich	1,190	—	—	—	1	—	—	2	0	1	.33	.08	.16			
Manchester	395	1	12	3.03	1	—	1	3	2	2	2.02	.25	.75			
Merrimac	331	—	—	—	2	—	2	10	7	3	4.22	.60	3.02			
Methuen	2,951	1	11	.37	11	6	5	3	2	1	.47	.37	.06			
Nahant	234	1	11	4.70	6	3	3	5	2	4	7.26	2.56	2.13			
Newbury (Byfield)	205	—	—	—	—	—	—	1	1	0	1.46	.97	.21			
Rockport	463	—	—	—	—	—	—	2	2	1	.43	—	.68			
Salisbury	290	—	—	—	—	—	—	1	1	0	1.37	.63	1.11			
Saugus	2,507	1	17	.67	16	7	9	28	17	11	2.43	.20	1.11			
Tewksbury	483	—	—	—	1	1	1	1	1	1	1.24	.20	1.10			
West Newbury	181	—	—	—	1	—	—	2	1	1	2.20	.55	1.10			
Foxborough		—	—	—												
Bellingham	583	—	—	—	5	4	1	1	1	0	1.37	.85	.17			

TABLE IX. — *Towns in which First Examinations of Retarded Children were held during 1929: School Population; Number of Special Classes; Number of Children in Special Classes; Number of First Examinations; Percentage of School Population (a) In Special Classes, (b) Referred by Psychiatric Clinics, (c) Diagnosed as Mentally Defective, (d) Diagnosed as Retarded, by Clinic. Continued.*

(1)	(2)	(3)	(4)	(5) 4÷2	(6) FIRST EXAMINATIONS BY TRAVELING CLINICS.												(7)			(8)	(9) 6+7+8 (10) 6÷2 ÷2			(11) 7+8 ÷2							
CLINIC AND TOWN	School Popu- lation, Grammar Grades	Number of Special Classes.	Number of Children in Special Classes.	Percent- age of School Popula- tion in Special Classes.	MENTALLY DEFECTIVE.						NOT MENTALLY DEFECTIVE. (Retarded)						DEFERRED			Referred to Clinics as Retarded.	Diagnosed as Mentally Defective	Diagnosed as not Mentally Retarded).									
					T.			F.			T.			M.			F.						T.			M.			F.		
					T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.				T.	M.	F.						
Chester	262	-	-	-	5	4	1	1	1	0	5	4	0	1	1	0	4	1	4	19	1.90	.38									
Clarksburg	191	-	-	-	1	1	0	2	2	0	1	1	0	0	1	0	1	0	0	1.57	.52	.52									
Cumington	62	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4.83	-	3.22									
Dalton	637	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	94	-	-									
East Longmeadow	590	1	18	3.05	9	8	1	-	-	-	6	4	5	2	88	3	5	3	0	2.88	1.52	-									
Enfield	98	-	-	-	7	7	0	5	5	0	4	4	0	1	16	32	4	0	14	7.14	-										
Goshen	52	-	-	-	1	1	0	-	-	-	1	1	0	1	3.84	1.00	4	0	1.92	1.92	5.10										
Great Barrington (Housatonic)	999	1	18	1.80	8	4	2	1	1	0	1	0	0	1	1.27	1.86	0	0	.80	.80	.10										
Greenfield	2,571	2	38	1.47	3	1	0	1	1	0	4	4	0	0	4.07	.93	4	0	1.11	.93	.93										
Hampden	107	-	-	-	2	2	0	3	3	0	6	6	0	0	3.86	1.21	12	8	1.21	1.21	1.13										
Huntington	270	-	-	-	16	8	8	15	10	5	20	12	8	0	1.04	.27	9	2	6.00	2.00	.38										
Montague (Turners Falls)	1,320	2	35	2.65	8	5	3	11	6	5	11	9	2	2	8.00	6.00	7	4	1.22	2.04	2.04										
(Mills Falls)	-	-	-	-	3	3	0	1	1	3	2	2	0	0	1.23	.82	1	0	1.64	1.64	.23										
Northampton	2,870	2	27	.94	5	3	0	1	1	0	1	1	0	0	1.17	.23	1	1	1.17	1.17	.23										
Plainfield	50	-	-	-	14	11	3	20	13	7	12	9	3	3	12.84	3.91	3	3	3.91	3.91	5.58										
Russell (Worcester)	244	1	11	4.50	3	2	2	5	3	2	11	7	4	4	2.70	2.70	1	0	2.70	2.70	.77										
Stockbridge	242	-	-	-	7	7	0	10	6	4	1	1	0	-	1.50	.25	-	-	1.50	1.50	1.25										
Wilbraham	425	1	15	3.52	22	16	6	7	7	0	2	2	0	-	2.17	.44	-	-	2.17	2.17	.72										
Williamsburg (Haydensville)	358	-	-	-	8	4	4	5	4	1	5	4	1	-	1.77	1.30	-	-	1.77	1.77	.47										
Taunton	-	-	-	-	8	4	4	5	4	1	5	4	1	-	1.30	1.30	-	-	1.30	1.30	1.30										
Carver	259	-	-	-	7	3	4	2	2	0	1	1	0	-	3.86	2.70	0	0	3.86	3.86	.77										
Easton	800	2	31	3.87	2	1	1	10	6	4	1	1	0	-	1.50	.25	-	-	1.50	1.50	1.25										
Duxbury	276	-	-	-	4	4	0	2	2	0	0	0	-	-	2.17	.44	-	-	2.17	2.17	.72										
Fairhaven	1,632	1	18	1.10	22	16	6	7	7	0	2	2	0	-	1.77	1.34	-	-	1.77	1.77	.47										
Kingston	384	-	-	-	5	5	4	5	4	1	5	4	1	-	1.30	1.30	-	-	1.30	1.30	1.30										
Lakeville	198	-	-	-	8	4	4	5	4	1	5	4	1	-	4.04	4.04	-	-	4.04	4.04	-										

Marion	240	-	9	2	7	22	11	11	-	-	-	12.91	3.75	9.16
Mattapoisett	289	-	6	4	2	12	3	1	-	-	-	3.11	2.07	1.03
Middleboro	1,343	-	7	5	2	12	3	7	-	-	-	1.41	.52	.89
Rhoboth	424	-	2	1	1	4	-	1	-	-	-	3.47	.47	-
Rochester	1,179	-	3	2	1	5	4	5	-	-	-	3.53	1.51	2.02
Rockland	1,179	-	4	3	2	5	5	4	-	-	-	.76	.33	.42
Scutuate	424	-	4	2	2	4	5	1	-	-	-	2.10	.93	1.16
Seekonk	909	-	14	10	2	4	8	6	-	-	-	2.42	1.54	.88
Wareham	1,139	-	18	9	9	23	15	2	-	-	-	3.68	1.58	2.01
Whitman	1,115	-	2	1	1	3	3	3	-	-	-	.44	.17	.26
Walter E. Fernald														
Acushnet	762	-	1	1	0	3	-	7	-	-	-	.13	.13	-
Danvers	1,851	-	8	1	3	11	-	7	-	-	-	1.51	.43	.59
Dartmouth	1,733	-	26	14	12	36	21	15	-	-	-	4.50	1.50	2.07
Dennis	15,269	-	112	62	50	31	19	12	-	-	-	1.01	.73	.20
Fall River	1,065	-	6	4	2	17	9	8	-	-	-	1.59	.56	.46
Falmouth	2,864	-	17	13	4	17	5	14	-	-	-	1.42	.38	.59
Gloucester	9,766	-	84	27	15	14	11	3	-	-	-	1.30	.17	.08
Lawrence	11,242	-	82	42	15	14	11	3	-	-	-	.56	.37	.12
Lynn	13,066	-	18	10	8	10	8	5	-	-	-	.26	.13	.07
Martha's Vineyard	191	-	2	2	0	6	3	3	-	-	-	6.90	2.51	1.63
Middleton	15,396	-	115	70	45	76	54	22	-	-	-	4.18	1.04	3.14
New Bedford	600	-	1	1	0	2	2	0	-	-	-	1.66	.16	.33
Provincetown	7,303	-	13	8	5	61	46	15	-	-	-	1.16	.17	.83
Revere	4,242	-	5	3	2	11	9	2	-	-	-	.16	.11	-
Salem	941	-	8	5	3	11	9	2	-	-	-	2.76	.85	1.16
Somerset	625	-	6	3	0	4	1	0	-	-	-	2.40	.96	.64
Swansea	625	-	3	3	0	4	1	0	-	-	-	6.45	4.83	1.61
Truro	4,519	-	4	3	0	13	12	1	-	-	-	1.73	.48	.82
Waltham	4,507	-	18	11	3	26	11	12	-	-	-	3.44	.64	.82
Watertown	87	-	29	3	1	37	26	11	-	-	-	3.44	.344	-
Wellesfleet	26,804	-	147	81	66	123	80	43	-	-	-	1.12	.54	.45
Worcester	184	-	1	1	0	1	-	1	-	-	-	3.26	.54	.54
Yarmouth	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Westborough	-	-	-	-	-	-	-	-	-	-	-	-	-	-
None	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Worcester	407	-	1	0	1	5	3	2	-	-	-	1.47	.24	1.22
Ayer	540	-	2	1	2	2	2	0	-	-	-	.74	.37	-
Blackstone	189	-	1	1	0	4	3	1	-	-	-	4.76	.52	2.11
Boylston	1,264	-	3	2	2	8	6	2	-	-	-	.87	.23	.63
Clinton	988	-	4	2	2	28	19	9	-	-	-	3.23	.40	2.83
Granton (Farnumville)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(Fisherville) (Saundersville)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Holden (Jefferson)	619	-	9	3	6	13	8	5	-	-	-	3.55	1.45	2.10
Leicester	594	-	6	6	0	18	14	4	-	-	-	4.20	1.01	3.03
Millbury	802	-	2	0	0	1	1	0	-	-	-	.37	.24	.12
Northboro	315	-	1	1	2	14	9	5	-	-	-	4.76	.31	4.44
Oxford	683	-	7	2	5	5	2	3	-	-	-	1.75	1.02	.73

TABLE IX.—Towns in Which First Examinations of Retarded Children Were Held During 1929; School Population; Number of Special Classes; Number of Children in Special Classes; Number of First Examinations; Percentage of School Population (a) in Special Classes, (b) Referred to Psychiatric Clinics, (c) Diagnosed as Mentally Defective, (d) Diagnosed as Retarded, by Clinics.—Concluded.

(1) CLINIC AND TOWN	(2) School Population, Grammar Grades	(3) Number of Special Classes	(4) Number of Children in Special Classes	(5) 4÷2 Percentage of School Population in Special Classes	(6) FIRST EXAMINATIONS BY TRAVELING CLINICS.				(7) (8)				(9) 6+7+8 ÷2			(10) 6÷2 (11) 7+8 ÷2		
					MENTALLY DEFECTIVE.				DIAGNOSIS NOT MENTALLY DEFECTIVE (Retarded).				PER CENT OF SCHOOL POPULATION, 1929.			Diagnosed as not Mentally Defective (Retarded).		
					T.	M.	F.	T.	M.	F.	T.	M.	F.	Deferred	Referred to Clinics as Retarded.	Diagnosed as Mentally Defective	Diagnosed as not Mentally Defective (Retarded).	Diagnosed as not Mentally Defective (Retarded).
Paxton	139	—	—	—	2	2	0	7	6	1	—	—	—	—	6.47	1.43	5.03	
Princeton	103	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Shrewsbury	1,279	3	50	3.90	15	9	6	1	1	0	—	—	—	—	1.97	1.17	.97	
Southborough	321	1	12	3.73	4	3	1	3	1	2	—	—	—	—	1.87	1.17	.70	
Sterling	261	—	—	—	1	1	0	7	5	2	—	—	—	—	2.18	1.24	.93	
Sudbury	173	—	—	—	—	—	—	11	5	6	—	—	—	—	3.06	.38	2.68	
Wayland (Cochituate)	385	—	—	—	3	3	0	—	0	1	—	—	—	—	6.35	.77	.25	
Westminster	262	—	—	—	4	3	1	4	1	3	—	—	—	—	1.03	.77	.25	
Wrentham	3,194	1	19	.59	11	6	5	40	27	13	—	—	—	—	3.05	1.52	1.52	
Attleboro	8,576	4	47	.54	17	7	10	66	53	13	—	—	—	—	1.59	.34	1.25	
Brookline	12,148	10	128	1.05	139	84	55	64	48	16	1	1	0	—	.97	.10	.76	
Cambridge	7,009	3	52	.74	33	22	11	48	33	15	1	1	0	—	1.67	1.14	.52	
Chelsea	2,513	1	8	.31	17	11	6	34	23	11	3	—	—	—	1.19	.47	.68	
Dedham	1,229	1	16	.13	3	2	1	—	—	—	—	—	—	—	2.02	.67	1.35	
Franklin	2,423	2	42	1.73	7	3	4	8	5	3	—	—	—	—	.73	.24	.48	
Millis	895	2	10	1.11	3	0	3	—	—	—	—	—	—	—	.61	.28	.33	
North Attleboro.	2,045	2	31	1.51	7	5	2	25	16	9	1	0	1	—	.33	.33	.11	
Plymouth	11,149	6	69	.61	21	12	9	41	33	8	—	—	—	—	1.56	.34	1.22	
Quincy	2,698	2	30	1.11	5	2	3	22	17	5	—	—	—	—	1.55	.18	.36	
Wrentham	328,102	—	—	—	1,772	1,064	708	2,600	1,782	818	551	373	178	—	1.00	.18	.81	
Totals and percentages for all towns	297,940 ²	271	3,885	1.30	—	—	—	—	—	—	—	—	—	—	1.50	.54	.96	

1. Total school population of towns having an examination by one of our clinics during 1929. This total is used in calculating the percentages of columns 8, 9 and 10.
2. Total school population of towns having children in special classes during 1929. This total is used in calculating the percentages of column 5.

II. INCIDENCE OF RETARDATION, 1929.

Table IX presents a summary of facts in connection with the 168 towns in which first examinations were held by one of our clinics during the year 1929. It presents the school population in the grammar grades, the number of special classes, the number of children in special classes, the number of first examinations by school clinics; the percentage of school population (a) in special classes, (b) referred to psychiatric clinics, (c) diagnosed as mentally defective, and (d) diagnosed as retarded, for each town concerned, during the year 1929. As first examinations only are included, we may consider that the material, to a certain extent, demonstrates the average rates for new cases of retardation occurring during the year.

The school population served by these clinics during a single year amounted to a total of 328,102 children. Of the total of 168 cities, towns and villages having an examination, 84 were maintaining a total of 271 special classes, or one special class to approximately every 1,100 children of the total school population. Eighty-four smaller communities with a total population of 30,162 children were not maintaining special classes. While 42 per cent of the total communities examined were not maintaining special classes, we observe that over 90 per cent of the total school population had special class provision. This demonstrates that the special classes have been established in adequate numbers in the larger school systems. The schools failing to establish special classes are the ones having smaller numbers of pupils enrolled, or the smaller communities. This is to be expected, as the smaller schools have many difficulties, financial and otherwise, which make difficult the establishment of special classes. In column 10, we observe that the percentage of the total school population referred for retardation during 1929 for the entire group was 1.50 per cent. However, in the towns having no special classes, the percentage referred as retarded for 1929 was 2.11 per cent.

Eighty-four towns maintaining 271 special classes, accommodated 3,885 children in these classes, an average of 14.3 children per class. Comparing this total of 3,885 children in special classes with the total school population of 297,940¹, we note that 1.30 per cent were in special classes during the year 1929. The 84 towns not maintaining special classes revealed a total grammar school population of 30,162 children. In these towns a total of 636 children were referred to the clinics as retarded, and there appear to be no special classes available for their instruction.

A total of 4,923 children were referred to the clinics for the first time during 1929 because of retardation. In other words, 1.50 per cent of the total school population were referred as retarded *during a single school year*. Dividing the 1.50 per cent of the total school population referred in accordance with diagnosis, we note that .54 per cent were diagnosed as mentally defective and .96 per cent as not mentally defective (retarded). This demonstrates that the ratio of retarded children to mentally defective children is practically 2:1. That is, the mentally defective child is not alone in having difficulties in the public schools; other children with varying degrees of intelligence between mental defect and normal have difficulties in meeting the requirements of the school curriculum.

We may say in general that we are viewing the first steps of special class development. The schools listed as having special classes are simply pioneers in the establishment of a specialized service for children below average in intelligence or adjustment. The special classes of today are simply taking care of the outstanding cases of mental retardation. There is evidence piling up on all sides which would lead us to believe that the present special class organization is simply a nucleus about which an expansion program should be built. The findings of this report show that for every mental defective failing in school work we have in addition two children grading between mental defect and the normal who do not make a success of their school work. The population of our special classes is made up of cases of obvious mental deficiency. The question arises: Are we to allow the larger numbers of high-grade cases to wander about on mental crutches in the unhappy halfway position between the special class and the regular class without adequate or under-

¹The Division is indebted to Mr. A. B. Lord of the Department of Education for the statistics on school population, number of special classes, etc., for 1929.

standing provision for their training? We have found that it is quite difficult to have unusual children coached in special subjects in the regular public school classes. Lack of evenness in accomplishment in the various school subjects is quite commonly observed.

Some of our public schools have made no provision for the outstanding cases of mental deficiency which obviously should be segregated for special training. Others have provided these special classes, and have seen a remarkable reduction in the difficulties observed in the regular classes, and an acceleration of the progress of the regular classes. Some schools have gone further and have added sufficient classes to enable them to classify their retarded children by both chronologic age and mental age. This is a step in the right direction, but there is still a great unexplored field in the provision of special classes for the borderline cases. Large numbers occur in these groups, and yet no adequate provision for their care is being made at the present time.

We observe that 1.50 per cent of the total school population were referred because of retardation during 1929. This figure does not measure the amount of retardation in the particular schools. We must recall that these are first examinations of a single year only, and that there is an accumulation of retardates which have been diagnosed during previous years. Some of the children may be referred as retarded at the early age of nine years, and others may become retarded between the ages of nine and sixteen, the age of leaving school. Consequently, the total retardation is subject to an accumulation of individual years, insofar as the time in the grammar grades covers a period of 8 or 9 years. We note that the percentage of .54 per cent of the total school population diagnosed as mentally defective is small in proportion to other estimates. Again, we must recall that this too is subject to accumulation, and that the actual number of mental defectives within the school system is a figure which is much higher.

In other sections of the report we have seen that the relative proportions of retardates referred to clinics do not vary greatly from year to year. The previous paragraph outlines the fact that the proportions of children diagnosed as mentally defective and children diagnosed as retarded (not mentally defective) are quite small in relation to the total school population. Insofar as the clinics are finding practically the same proportions of children retarded each year, it is not accurate from the statistical viewpoint to compare these numbers with the total school population. A comparison with the total children entering school for any one year would be a better criterion. With this thought in mind, we recorded the number of children in the first grade of all schools in which an examination was held during 1929. It is felt that the number of children actually within first grade classes throughout these towns would, in all probability, record most accurately the new children entering the schools for any one year. The total figure for children entering the first grade is not typical of all grades, but is higher than the total entering other grades. Consequently, the resulting rates will be smaller, but the error will be on the side of conservatism.

It was found that there was a total of 44,209 children in the first grades of schools in which 4,923 first examinations of retarded children were held during the year 1929. We may say that this represents the approximate number of new students entering these schools during a single year. We have observed in previous tables that a total of 4,923 children were referred to all clinics because of retardation for the first time during the year 1929. This enables us to compare the numbers of *new cases of retardation* (4,923 children) with the numbers of *new students entering the schools* (44,209 children) for the same year. We feel that these percentages give us a much better picture of the relative amounts of retardation actually present in our school systems. New cases of retardation discovered during 1929 are found to be 11.1 per cent of the new cases entering the public schools during this year. Turning to the diagnosis, we observe that new cases diagnosed as mentally defective are 4.0 per cent of the number entering school for the first time during 1929. The new cases diagnosed as retarded (not mentally defective) make up 7.1 per cent of the total new students entering school during the year 1929.

There is nothing to be gained in discussing the differences in the numbers of retardates and mental defectives observed in the different towns. Some of the

larger percentages are observed in towns which are having an examination for the first time. In these instances the children referred for first examination represent an accumulation of retarded children over a period of years. The smaller numbers are observed in towns which have had these examinations for a good many years. As the accumulation has been dealt with in the past, the percentages for subsequent years are substantially smaller. In other instances, the small number of retardates referred to the clinics is a matter of selection on the part of the superintendent. There are many factors entering into this situation, and it is difficult to place the true value on each particular factor.

The Division has under way at the present time an investigation of the placement of children in certain grades, and is comparing this with the mental ages of the children. The results are unusual and suggest that mental age has little relationship to the grade placement of the child. In some schools we are viewing the placement of children of low mental grade in advanced classes in which they have little chance of success. In the long run we may say that the higher rates for retardation observed in particular schools indicate simply the active interest of various superintendents in the problem of retardation, and a comprehensive understanding of the necessity of special class care of backward children. They are referring *all* of the children who are becoming retarded in their particular school systems. The reasons for the smaller numbers presented by some of the towns are more or less subject to conjecture.

In comparing 1928 with 1929, we observe an increase in the proportion of children in special classes. In 1928, 1.23 per cent of the school population involved were in special classes, while this figure is 1.30 per cent for 1929. 1.56 per cent of the total school population of the towns involved were referred to the clinics because of retardation in 1928. In 1929, this figure had decreased to 1.50 per cent. We note changes in the percentages diagnosed as mentally defective and not mentally defective. In 1928, .67 per cent of the school population were diagnosed as mentally defective. In 1929, this had decreased to .54 per cent. In 1928, .89 per cent of the school population were diagnosed as not mentally defective (retarded). In 1929, this had increased to .96 per cent.

The above figures show the importance of retardation as a problem in our public schools. The figures for a single year are impressive. They show that mental defect and retardation are serious problems in the field of education, and must be carefully considered in organizing a curriculum suited to the varying grades of intelligence in public school children. However, we should recall that these figures are minimum. They record in the main, children in school who have been selected by various school superintendents as three or more years retarded. The selection is not based on an actual age-grade criterion. We get some idea of the necessity for enlargement of our special class provision in the figures presented for this one year. We note that 84 towns have provided a total of 271 special classes caring for 3,885 children. Referring to Table I "Total Examinations During 1929", we note that a total of 3,129 children were recommended for special classes during 1929. That is, the school rooms now devoted to special classes would be able to take care of the new cases recommended for special class care in 1929, if in some magic way they could be emptied of their present occupants. We see the urgent need of practically doubling the number of special classes now available.

Not only the field of education should be actively concerned in the handling of this impressive problem, but others as well. It is a problem for the public to seriously consider from the standpoint of the common good. Turning from the field of education, for the moment, to that of biology and sociology, we may discuss the part to be played by these children as parents of future generations. We may also wonder at the future problems of adjustment and possible public support which will follow inevitably if these retarded children are not dealt with sympathetically, and given an understanding training in a manner calculated to develop their potentialities in both the intellectual and social spheres.

III. RESEARCH IN MENTAL DEFICIENCY.

In October, 1926, the Division inaugurated a research project in mental deficiency based on the large number of school clinic examinations which had accumulated.

In December, 1926, a research worker was obtained to carry on the project. The worker visited the various institutions and recorded the findings of the various school clinic examinations. A recording code was elaborated and a code sheet printed. Within the past year, however, the Department has replaced the code sheet with a printed statistical machine card which saves a great deal of time and effort in the recording of data. The analysis of this material was made possible through the utilization of the new statistical system recently established by the Department. The Division research cards are punched and sorted by the machines in the Statistical Division. The Director of the Division presented a paper before the American Association for the Study of the Feeble-minded at Atlanta, Georgia, in May, 1929, entitled "The Relationship Between Physical Defects and Intelligence". Papers based on this material were read before the annual meetings of the American Psychiatric Association in Cincinnati, Ohio, in June, 1927, and Minneapolis, Minnesota, in June, 1928. Other papers based on this material are listed under "Publications".

IV. PUBLICATIONS.

- The following articles were published during the year 1929 by the Division:
- DAYTON, N. A. — The Relationship Between Physical Defects and Intelligence. *Proceedings American Assoc. for Study of Feeble-minded*, 53: 1-27, 1929.
- DAYTON, N. A. — Order of Birth of Mental Defectives. *Jour. of Hered.*, 20: 219-224, May, 1929.
- DAYTON, N. A. — The Problem of Feeble-mindedness. *Jour. Med. Assoc. Georgia*, 18: 1-15, June, 1929.
- DAYTON, N. A. — Intelligence and Size of Family. *Jour. of Hered.*, 20: 365-374, August, 1929.

V. SOCIAL SERVICE DIVISION.

The three social workers of the Division have carried on the work of supervising the cases committed to the Department and other cases of voluntary supervision. The Division assumes the supervision of selected cases which are referred by various social agencies in addition to cases which have been committed.

During the year we continued to investigate the applications for admission to the W. E. Fernald State School and the Wrentham State School, a total of 259 cases being referred from these sources. The superintendents of these institutions have expressed their appreciation for this assistance.

Table X summarizes the activities of the Divisional Social Service for the year 1929. On December 1, 1928, a total of 166 cases were under supervision. Three hundred fifteen new cases were referred during the year, making a total of 481 cases handled during 1929. Three hundred forty cases were eliminated for various reasons during the period, leaving a total of 141 cases under care on November 30, 1929. Of this total, 7 were cases which have been committed to the Department for community supervision, 59 were being supervised under voluntary status and 75 cases were pending. Many of the latter will be accepted for voluntary supervision as soon as investigations are completed. The social workers made a total of 1,348 visits during the year.

TABLE X.—*Statistical Survey of Cases — Division of Mental Deficiency. Social Service — Year Ending November 30, 1929.*

I.	
Status — December 1, 1928.	
Committed cases	7
Voluntary cases	102
Pending cases	57
	166
Cases referred during year:	
Walter E. Fernald State School	144
Wrentham State School	115
Committed to D. M. D.	4
Other Sources	67
	330
Duplicate Names	15
	315
	481

II.

Eliminations (mainly from lists sent in by State Schools):

Cases outside of territory	4
Cases admitted to institutions	20
Cases of epilepsy	3
Cases in which admission to institution promised	13
Delinquent cases	3
Cases in care of public agencies	27
Cases in care of private agencies	20
No identifying information	5
Cases of high I. Q.	1
Idiotic	3
Cases handled by Department doctors	1
Number of cases: Intensive investigation	103
Number of cases: Voluntary Supervision	137
Total Eliminations	340

III.

Status — November 30, 1929.

Number of Committed cases	7
Number of Voluntary cases	59
Number of Pending cases	75
	141

IV.

Summary of Visits: (three workers) Total 1,348

VI. COMMUNITY SUPERVISION.

Under Section 1 of Chapter 88, Acts of 1924, a plan was made possible for the community supervision of mental defectives. These cases are committed directly from the community to the Department without the necessity for institutional care. During 1929, 481 new cases were placed under our care: 340 were discharged, and 141 remained under care at the end of the year.

We feel that the greatest development of possibilities for community care has not yet been attained owing to the fact that we have no financial provision to provide support for cases under commitment. This narrows our field somewhat and makes it necessary that we select only cases that are self-supporting. However, we have extended this service to many individuals who have not been committed to the Department, and have been of material assistance to other agencies in supervising community cases. We find a definite need for the temporary supervision of individuals who are going through trying periods of adjustment and who do not need permanent assistance. Our service to agencies and individuals has been continued through conferences, investigations and advice in reference to particular problems.

In spite of the prevalence of mental defect, it is surprising to observe the lack of understanding that exists on the part of agencies and workers who have had more or less contact with mental defectives. It is highly desirable that all social workers have a course in mental deficiency before their graduation from the respective schools of social work. Unfortunately the idea has become rather common that mental deficiency and lack of ability to adjust go hand in hand. Consequently, many social workers tend to associate mental defect with immediate admission to an institution. While the difficulties of dealing with the mentally defective boy or girl are great, at the same time we feel that a better understanding of their limitations and characteristics would make for a more intelligent and sympathetic handling of this type of case.

A fact which is constantly coming to the attention of the Division is the ever-increasing demand for admissions to our state schools. The urbanization of our population and the attendant speeding-up process in industry has produced a situation particularly unfavorable to the mental defective. Under such circumstances, it is inevitable that those who are insufficiently equipped by nature or by training will have difficulties in making an adjustment.

In the future we may expect to deal with this problem in ever-increasing proportions. If the community is to be comfortable for the majority, governments will find it necessary to assume the function of caring for a certain portion of mental

defectives practically throughout their lives. To insure the minimum of difficulties with this group, they should make provision for their intensive training from an early age. The mental defective should be well grounded in some effective means of earning his living before idleness and the attendant conduct disorders become enmeshed with his mental defect. At the present time we lack organization for a State-wide supervision of extra-institutional mental defectives. Daily we see the need for more complete supervision of mental defectives in the resident population. It seems advisable that we plan for a State-wide organization to carry on this task. While a central organization would probably be the most efficient, there are certain elements which favor the formation of a number of smaller local agencies. The local agency, being on the ground, has a distinct advantage, for it is able to meet the individual problem at the time of greatest possibility for adjustment.

Many of our present problems are due to the fact that for many years there has been little public recognition of mental defect. As a result, the diagnosis of defect was frequently postponed until the individual was practically an adult, and his case was not brought to the attention of the authorities until well-developed conduct problems complicated the mental defect. When the State began to increase its institutional provision for mental defectives, admissions were necessarily made up of large numbers of these older cases. However, over the past twenty years there has been an increasing interest in early diagnosis and placement of backward children. The activities of the school clinic system, begun in 1915, have provided us with material offering a new insight into many of our problems. Over the past ten years the admission age of cases admitted to our state schools has steadily decreased. Our work with mental defectives has become modern and distinctly constructive in its provision for early care. However, the problem at present is that of dealing with the older defectives who, untrained and unprepared, are facing the relatively keener competition of present-day life. We may assume that the younger mental defectives now being trained in the public schools, special classes or in state schools, will have a far better chance for adjustment, and that the future will show relatively smaller proportions of these children admitted to or remaining in, our institutions. The intensive training of the retarded child in special classes within the public schools will do much to continue these children in community life, and will render unnecessary the placement of a certain proportion of them in state schools.

The relative numbers of mental defectives in our population has been the subject of much discussion. In Table X we observed that .67 per cent of our school population were diagnosed as mentally defective *during a single year*. This figure does not report all of the mental defectives within these school systems, but simply those examined during 1929. As the grammar curriculum provides either eight or nine grades, the possibilities for accumulation are obvious. In the section entitled "Incidence of Retardation" we observed that the first examinations diagnosed as mentally defective during 1929 were 4.0 per cent of the children entering school for the first time. If, of all public school children, one child in twenty-five, is mentally defective, we can gain some idea of the size of the problem which confronts us. If we provide these unfortunates with the necessary training, we enable a certain proportion of them to go out into the world and take their place among other wage earners. Conduct disturbances and personality deviations in some of these mental defectives will be prevented. In others they will diminish in exact proportion to the length of the training and supervision which are provided for them.

For years we have been trying to make the mental defective into a definite set type of individual. Many writers in discussing genius or its opposite, mental defect, have assumed a definite linkage of characteristics, good or bad. Happy for the future of civilization, this is not the case. If this linkage were a reality, we should be divided into definite groups of very good and very bad people, instead of our present happy medium of a few good, a great many average, and a few bad. The mental defective is very much like the majority of this great average group. He may lack average characteristics in intelligence and in two or three other factors. However, in spite of these handicaps, it is remarkable to view his success in attempting to live an average life and in adapting himself to accepted social usages.

Millions of his type have been successful and have never come to our attention. A few have failed, chiefly those presenting a combination of unfavorable characteristics. Around these failures has been built up "the legend of the feebleminded", that highly theoretical description of the supposed dangerous mental defective.

It is our duty to provide suitable training and supervision for all mental defectives so that we may replace in the great average group the many who fail in one or two characteristics only. We have been discouraged at the length of time needed to properly train the older mental defective. Our experience with habit training in normal children has pointed out that early training and experience to a certain extent predetermine the conduct pattern of the adult. It is necessary that we apply the same reasoning in training mental defectives if we are to see more of them succeed as self-supporting and self-respecting citizens. In the past we have tried to make over the adult mental defective. The results have been doubtful. Now we see the double necessity for early training. Conduct founded on a faulty interpretation of various influences by a subnormal intelligence, has a relatively small chance of conforming to the social average. The socialization of the mental defective is dependent upon the determination of a standard of conduct which he can understand and use; the placement of this standard in the environment surrounding the child at an early age; and the constant repetition of the elements making up the standard. The normal intelligence often errs in its interpretation of supposed conduct determiners. The subnormal intelligence will do likewise. We should not leave the possibility open to chance, however, but must stress socialization as the deciding factor in the success of the mental defective.

VII. ANALYSIS OF WAITING LISTS TO ALL STATE SCHOOLS, 1929.

During the year 1929, the Division assumed a new duty in assembling statistical data in reference to the waiting lists comprising urgent applications to the three state schools for the mentally deficient. A brief code was outlined embracing descriptive data of these waiting list cases. The superintendents of the three schools reviewed their applicants, eliminating all cases not considered as urgent. They then filled out a code sheet for each urgent case as of the date July 1, 1929, and forwarded these to the Division. The Statistical Division then transcribed the information from the coded sheets to punch cards, and subjected the material to analysis. The waiting lists are kept up to date at all times. Each month the state schools forward to the Division their code sheets for all new cases placed on the waiting list during the month. They also send in lists of all cases withdrawn from these waiting lists for any reason whatsoever. This enables us to keep the lists balanced for the first of any calendar month. The descriptive material presented is of incalculable value to the Department in determining the type of expansion program to be adopted.

A few facts resulting from the analysis are presented in the following summary: On July 1, 1929, a total of 2,325 cases were on the waiting lists of the three state schools. Of these, 55 per cent were females and 44 per cent males. It was found that a social agency of some type was the source of application for admission in 47 per cent of the male and 58 per cent of the female cases; the parents were the source of application in 28 per cent of the male and 19 per cent of the female cases; the officials of a town or county in 9 per cent of the male and 10 per cent of the female cases; and the public schools were the source in 9 per cent of the male and 6 per cent of the female cases.

In reviewing the reasons for the urgency of admission, we note that the mental condition of the child was the cause of application in 41 per cent for both sexes; conduct in combination with mental deficiency was the primary reason in 24 per cent of the males and 19 per cent of the females; the home situation is given as the cause in 23 per cent for both sexes; marked physical defect plus retardation is given as the cause in 5 per cent of the males and 4 per cent of the females; while sex difficulties were the source of application in 1 per cent of the male and 9 per cent of the female cases.

With regard to the intelligence quotient of children on the waiting list, 29 per cent of males had an intelligence quotient between 0 and .39, while the proportion for females was 21 per cent. In the I. Q. groups, .40-.69, however, we see a reversal

of this sex relationship. In these groups are distributed 50 per cent of the males and 66 per cent of the females. In the group with intelligence quotients above .70 we see a reversion to the larger proportion of males observed in the I. Q. groups 0-.39. Here we find 20 per cent of the males and but 10 per cent of the females. There are more males in the low I.Q. groups, under .30, and in the groups .70 plus. The females are in larger proportions in the I. Q. groups .40-.49, .50-.59 and .60-.69.

In studying the ages of applicants on the waiting lists, we note that 67 per cent of the males are 15 years of age or less, while but 39 per cent of the females fall in this group. Fifteen per cent of both sexes fall in the age group 16-18 years. But 16 per cent of the males are placed on the waiting lists at ages of 19 years or above, as against 42 per cent of the females. Nearly 50 cases on the list were 40 years of age or over. These cases make up .5 per cent of the males and 4.0 per cent of the females.

If we turn to the clinical diagnoses, we note that the males predominate in the groups diagnosed as cretins, congenital, syphilitic, hydrocephalics, microcephalics and epileptics. The females are in larger proportions in the mongols, the spastics and the group with psychosis. Of the cases not falling in these clinical groups, the males predominate among the idiots (males 8 per cent, females 6 per cent), the imbeciles (males 19 per cent, females 18 per cent) and the group not mentally defective (males 9 per cent, females 6 per cent). Among the morons, however, the females present the higher proportions (males 29 per cent, females 37 per cent).

We also studied the source of application by county of residence, and compared this with the population of these counties in 1920. The highest rate of applications per hundred thousand population is observed in Barnstable County with a rate of 120 applicants; Suffolk is second with 67; Dukes third with 58; Plymouth fourth with 52; and Middlesex fifth with 51. Nantucket, Hampden, Bristol and Hampshire presented the smallest rates, with 27, 20, 19 and 14 persons on the application list per hundred thousand population of each county respectively.

The total of 2,325 on the waiting lists of the three schools indicates the urgent need for the enlargement of our present schools and the construction of an additional state school to care for these mentally deficient individuals. New applications are accumulating at the rate of over 500 per year. This figure *excludes* the 300 cases admitted to state schools each year.

VIII. RECOMMENDATIONS.

Over the past three or four years there has been a definite tendency on the part of school superintendents to ask for advice in reference to cases showing no evidence of retardation. Many children show adjustment difficulties. Frequently the school superintendents bring their problems to our clinic psychiatrist and have been helped materially in dealing with specific difficulties. In this situation, of course, it is necessary to obtain the permission of the parents before the child is examined, as the law creating our school clinics provides for the examination of *retarded* children only.

It is recommended by the Director that the scope of the psychiatric school clinics be extended, and that these clinics assume the prerogatives of a habit clinic and an adjustment clinic in addition to their present activities. There are tremendous possibilities in this field. The community needs a service which can present qualified psychiatric advice on various child problems. There has been a steadily increasing demand for this type of service, and it is felt that it would be of incalculable value. May we mention again that the larger cities do not lack clinic facilities. The smaller communities however, are unable to provide a clinic of the same high standard in qualifications and experience. In extending the scope of the clinics to include these wider fields we would add materially to their usefulness. It is suggested that the clinic psychiatrists be given special training in the larger field, and that the law be amended so that *any* child presenting either intellectual or behavior deviations may be presented for examination.

It is also suggested that sufficient funds be made available to the Division for the purpose of maintaining those individuals who are committed directly to the

Division of Mental Deficiency for community supervision. At the present time the community supervision is greatly handicapped as it is forced to select individuals who are self-supporting. This narrows the purpose of the Division work to a serious degree. Very few mental defectives can work so steadily that they will never require temporary assistance over a period of economic stress. There are certain borderline cases who need only a little financial assistance to enable them to remain in the community. The scope of the work of the Division would be widened and its usefulness markedly increased if the sum of \$5,000 were made available each year to enable the Division to support the above type of case at least temporarily.

It is evident that we are in serious need of follow-up work on another type of case which comes to the attention of the Division. Public schools would be much more successful in dealing with backward children if there were sufficient school nurses or visiting teachers to carry the supervision of these children into the home. The school can do a great deal, but there are other factors that require constant attention. There is also a great need in the follow-up of retardates after they have left special classes. A definite follow-up should be made of all cases of this type for three or four years after leaving the public schools. We find in many cases that the good work of the school is lost during the period in which there is a complete lack of any supervision whatsoever. The retardate is very apt to feel keenly the withdrawal of the support previously afforded by the school. It is during this period, when the child is between 16 and 20 years of age, that his untried financial judgment and partially formed social adjustments are put to the test. At this age children are easily discouraged and unable to deal with rebuffs. For the mental defective, the easiest way is to cease work, and to drift along in idleness at the expense of relatives or friends.

The Director feels that adequate social service should be available for certain selected cases following the school period, as such a service would prevent many social casualties among mental defectives. Inasmuch as the institutional care of the mental defective is a Department problem, and many of these unsupervised cases later come to our institutions, it is felt that a group of social workers operating from the Division would be best fitted to cope with the problem.

At present there is a great need for research in mental deficiency. We have already mentioned the research project based upon 44,000 examinations of retarded children in the public schools. From time to time the Division publishes data from the analysis of these figures. This material is extremely valuable, and the Director suggests the employment of an additional worker to assist in this activity.

Our analysis of the waiting lists for admission to the three state schools demonstrates the need for increases in institutional provision for mental defectives. The total of 2,325 cases on the waiting lists indicates an urgent need for the enlargement of existing facilities and the construction of an additional state school to care for mentally defective individuals now in the community. The rate of increase in the number of new admission applications placed on file each year is so high that the foregoing conclusion is inescapable.

The Director wishes to express his sincere appreciation for the constant encouragement and unflinching support extended to him by the Commissioner.

Respectfully,

NEIL A. DAYTON, *Director.*

REPORT OF THE SUPPORT DIVISION.

To the Commissioner of the Department of Mental Diseases:

I herewith report the work of this Division for the year ending November 30, 1929, as follows:

Visits to the Hospitals	142
Histories taken at the Hospitals	4,091
Visits to relatives of patients and others for investigation	
By outside visits	5,545
By office calls	1,110
By telephone	1,421
Total investigations	8,076
Cases submitted for deportation to the U. S. Commissioner of Immigration	42
Cases submitted for deportation by the Department	132

Support cases, not including Ex-Service men of the World War.

Cases pending November 30, 1928	558
New cases	3,570
	4,128
Made reimbursing	1,269
Accepted as State charges	2,274
Pending November 30, 1929	585
	4,128

Reimbursing Cases.

Cases remaining in Hospitals November 30, 1928	2,485
New Cases	1,312
	3,797
Died	485
Discharged or on visit November 30, 1929	537
Dropped — accepted as State charges	231
Transferred to other Institutions	36
Accepted by U. S. Veterans' Bureau	2
Remaining in Hospitals November 30, 1929	2,506
	3,797

Cases of Ex-Service Men of the World War considered by the U. S. Veterans' Bureau for Support between November 30, 1928 and November 30, 1929

Cases remaining November 30, 1928 in Hospitals	7
Returned from Visit	1
New cases	44
Re-opened cases	10
	62
Died	0
Discharged or on visit	31
Transferred to other State Institutions	9
Rejected	1
Made reimbursing	1
Remaining in Hospitals November 30, 1929	20
	62
Ex-Service men actually in the hospitals November 30, 1929	360
Cases chargeable to Veterans' Bureau	20
Cases not yet chargeable (rejected or pending)	340
	360

Attorney-General Cases.

Cases pending in the office of the Attorney General, November 30, 1928	52
Reported during the year	30
	82
Cases closed during the year	27
Cases pending November 30, 1929	55
	82

The system of Work Reports inaugurated two years ago has been continued, and the following report gives a further summary of the work done by the Investigators and the clerical force.

In addition to the visits made to relatives and friends by the Investigators, there were 478 investigations made at various Probate Courts. Considerable time is needed by the Investigators in preparation for their outside work, and in reporting the work done by them. It was found that 5150 hours were spent in the office in addition to the time needed for outside work.

The general work of the Division required 2552 letters, and 1067 letters were written concerning ex-service men and Veterans' Bureau matters. 318 clinical abstracts and 533 stencil forms were furnished for the use of the Veterans' Bureau. During the year, 5406 documents relating to Probate matters were handled. 4653

history slips were prepared for the use of the Investigators; and, including transfer records, a total of 4811 histories were written.

Over 25,000 bills were sent out for reimbursing cases, not including bills sent the Veterans' Bureau. Bills amounting to \$10,000 were rendered the Bureau during the year.

Receipts for Support of Reimbursing Patients.

HOSPITALS.	Year ending Nov. 30, 1928	Year ending Nov. 30, 1929	Total since Jan. 1, 1904
Worcester State Hospital	\$112,603.54	\$101,138.00	\$1,034,949.44
Taunton State Hospital	81,899.91	70,438.66	757,466.64
Northampton State Hospital	113,785.28	118,966.77	910,072.44
Danvers State Hospital	156,964.13	139,587.69	1,321,319.26
Westborough State Hospital	172,553.70	170,658.71	1,170,735.78
Boston State Hospital	114,606.54	101,233.42	997,996.44
Grafton State Hospital	19,617.70	21,132.25	295,382.01
Medfield State Hospital	46,804.83	41,500.66	476,520.57
Monson State Hospital	31,733.26	25,504.53	234,036.07
Gardner State Colony	29,876.51	36,913.22	181,392.93
Foxborough State Hospital	51,261.31	54,277.89	304,980.90
State Infirmary	3,783.04	9,501.96	64,179.99
Bridgewater State Hospital	11,064.74	3,143.59	82,689.20
Fernald School	33,254.56	24,582.68	179,409.23
Wrentham School	14,020.10	11,967.85	65,644.90
Belchertown School	8,214.21	7,391.73	27,244.31
Psychopathic	4,267.16	1,464.29	32,079.28
Hospital Cottages	105.81	233.76	1,847.20
Family Care	209.10	208.53	17,176.62
Foxborough Labor	—	—	3,370.45
Alms Houses	—	—	923.66
	\$1,006,625.43	\$939,846.19	\$8,159,417.32

Yearly Totals from January 1, 1904.

From: January 1, 1904 to September 30, 1904		\$31,882.11
Year ending September 30, 1905		72,750.93
From October 1, 1905 to November 30, 1906 (14 months)		87,804.66
Year ending November 30, 1907		79,495.76
Year ending November 30, 1908		86,867.04
Year ending November 30, 1909		102,468.57
Year ending November 30, 1910		117,588.91
Year ending November 30, 1911		124,083.94
Year ending November 30, 1912		133,059.95
Year ending November 30, 1913		133,818.23
Year ending November 30, 1914		130,671.57
Year ending November 30, 1915		139,375.33
Year ending November 30, 1916		141,585.18
Year ending November 30, 1917		174,710.70
Year ending November 30, 1918		179,161.66
Year ending November 30, 1919 (including soldiers \$3,421.75)		182,240.81
Year ending November 30, 1920 (including soldiers 99,008.25)		296,178.62
Year ending November 30, 1921 (including soldiers 106,951.57)		311,631.57
Year ending November 30, 1922 (including soldiers 127,106.00)		359,582.44
Year ending November 30, 1923 (including soldiers 106,573.00)		364,142.75
Year ending November 30, 1924 (including soldiers 302,434.00)		665,505.73
Year ending November 30, 1925 (including soldiers 36,271.00)		452,416.45
Year ending November 30, 1926 (including soldiers 67,369.00)		922,452.99
Year ending November 30, 1927 (including soldiers 84,500.00)		987,469.80
Year ending November 30, 1928 (including soldiers 87,599.00)		1,006,625.43
Year ending November 30, 1929 (including soldiers 14,926.86)		939,846.19
		\$8,159,417.32

This report shows that the total collections on account of reimbursements for support of patients were \$939,846.19. Of this amount \$14,926.86 was received for the support of ex-service men of the World War, leaving a balance of \$924,919.33 as the amount collected for the support of civilian cases. Total receipts for support indicate a per capita collection for the year of \$40.14.

I am also submitting on the same sheet a statement showing receipts on account of support for each year from January 1, 1904, which shows the receipts by hospitals for each year and also for the year ending November 30, 1928, and the total receipts credited to each hospital since January 1, 1904. The total receipts on account of reimbursements since January 1, 1904 are \$8,159,417.32.

It will be seen that the total amount collected by this Division for the year ending November 30, 1929 is \$66,779.24 less than for the year ending November 30, 1928.

The decrease in the amount collected is wholly due to the decrease in receipts from the U. S. Government for the care of ex-service men. It is the policy of the Government to transfer compensable cases from state hospitals to Government hospitals whenever room is available. On December 1, 1927 there were 90 cases chargeable to the U. S. Veterans Bureau at the contract price of \$2.00 per day, whereas on December 1, 1928 there were only 7 cases.

This Division has an active reimbursing list of approximately 2500, the maximum rate in any case being \$10.00 per week and the minimum rate being \$1.00 per week.

While the total receipts collected for the year ending November 30, 1929 is \$66,779.24 less than the total amount of the preceding year, omitting the amount received for the support of soldiers entirely for the two years referred to, shows an increase in receipts for the year ending November 30, 1929 of \$5,892.90.

Investigations by this Division have resulted in the deportation to other states and countries of 143 patients during the year ending November 30, 1929. With an average hospital residence of approximately ten years, and at the prevailing cost of \$10.00 per week, this would seem to have effected a savings to the Commonwealth of about \$743,000.

Respectfully submitted,

PAUL A. GREEN, *Chief Examiner.*

ACKNOWLEDGEMENT.

Grateful appreciation is herewith expressed to the former Laura Spelman Rockefeller Fund for the grant of an appropriation which has made possible a three-year research project in the epidemiology of mental diseases. By means of this fund an investigation is being made of certain facts relative to the ten-years' discharges and resident population of all Massachusetts mental hospitals and state schools, utilizing the new statistical system now installed.

GEORGE M. KLINE, *Commissioner.*

REPORT OF THE DIVISION OF STATISTICAL RESEARCH.

To the Commissioner of the Department of Mental Diseases:

A report of the work of the Division of Statistical Research for the year ending November 30, 1929, is respectfully submitted.

The statistical research study of cases in our State Hospitals and Schools, plans for which were inaugurated in November, 1926, was put into actual operation on March 22, 1927. A group of eight workers was placed in the field on this date to commence the coding of data, and to install the new statistical system in all institutions supervised by the Department. The arbitrary date of September 30, 1926, was selected for the initiation of the system, as it enabled us to summarize the situation at the end of the statistical year. The survey group coded all cases on the books of each institution on September 30, 1926, and all admissions and discharges between that date and May 22, 1927. Deficiencies in statistics on mental diseases in the past have been due to the fact that no data on resident population of institutions was available. Consequently, the first duty which was assumed was the coding of the material in reference to all cases on the books of mental hospitals. A special course was held at one of the institutions to instruct one or more clerks from each hospital in the new system. Beginning with May 22, 1927, the regular work of coding cases on all new admissions and discharges was taken over by the statistical clerk at each hospital.

By April 1, 1928, we had completed the installation of the statistical system and the coding of all cases on the books of each State institution under the Department and at the McLean Hospital. During the 13 months' period which it had

taken to complete the entire work, approximately 28,000 cases were coded on resident population and on discharges. This coding not only comprised the recording of data on the statistical card, which gives a complete general summary of each patient, but included also a special card (No. 1) for recording the time spent out of the institution by each patient on visit, escape, parole or family care. In addition, a change of diagnosis card was made out whenever a new determined diagnosis was given to a patient. Thus the 28,000 coded cases were represented by a total of approximately 45,000 cards. Owing to the frequent psychologic examinations of the patients at the feeble-minded schools, the changes of diagnosis cards were much more numerous here than at the mental hospitals, sometimes as many as ten changes of intelligence quotient being recorded on a single case. These cards afford valuable material on the changes in I. Q. at various ages of mentally defective children.

During the fiscal year of 1928, the survey group completed approximately 14,000 cases and 20,000 cards of the entire number coded during the installation period. These were completed at the following State institutions: Medfield, Taunton, Worcester, Psychopathic, Boston State, McLean, Tewksbury (Mental Wards) and Bridgewater (Mental Wards).

In addition to the eight workers engaged in completing the statistical survey, an office force consisting of a punch clerk and eight clerical workers have taken care of the checking, filing, punching and sorting of the statistical cards as they came to the Department each day from the survey group and from the individual institutions.

We have now at the Department a Powers punch card on file representing the latest status of every patient in every Department institution, and, in addition, all patients at the McLean Hospital and the Mental Wards at Tewksbury and Bridgewater, which are supervised by the Department. We have likewise on file punch cards recording statistical data on every patient discharged since September 30, 1926. These cards may be used at any time that special questions come up for solution, and are a ready source of information for data on resident or discharged cases.

RESEARCH PROJECT.

The results of the above statistical survey and the availability of the data which it represented were so striking that the Commissioner, Dr. George M. Kline, applied to the Laura Spelman Rockefeller Fund for financial assistance in continuing the work to apply to the discharges at each of the State hospitals and schools over the ten-year period 1916-1926.

Through the generosity of this fund the continuance of this work was made possible during the last year. A three-year program was established for the coding of the new material and for the study of the data upon its completion. The grant was allowed in July, 1928, and on August 1, 1928, Research Group No. 1, consisting of 3 workers, was placed at the Boston State Hospital to commence the coding on the ten-year discharges. A second group, consisting of four workers, was organized in September, 1928. This was increased to eight workers on November 13, 1928. A third group was placed in the field July 17, 1929.

During the year ended November 30, 1929, 35,593 cases were coded by the three research groups in ten institutions. This work, however, involved a total of 49,344 statistical cards, insofar as certain cases required more than one type of card to complete the descriptive data. The cases completed during 1929, together with the work completed in 1928, makes a total of approximately 43,000 cases coded, and approximately 59,000 statistical cards added to our files during the period of the project. The working force engaged in carrying on the field and office work of the project consisted at the close of the year of 3 field groups of eight workers each, an office group of nine, and an executive group of three persons, making a total of 36 employees.

Several meetings of the advisory committee were held during the past year, and various points with regard to our coding were discussed, passed upon, and new decisions made.

The Director wishes to express his appreciation to the Commissioner and to the other members of the Research Committee for their cooperation and advice, which have been most helpful at all times. The members of the Committee are as follows:

Dr. C. Macfie Campbell, Professor of Psychiatry, Harvard University.

Dr. Henry B. Elkind, Medical Director, Massachusetts Society for Mental Hygiene.

Dr. George M. Kline, Commissioner, Massachusetts Department of Mental Diseases.

Dr. James V. May, Superintendent, Boston State Hospital, and Chairman of Committee on Statistics, American Psychiatric Association.

Dr. Edwin B. Wilson, Professor of Vital Statistics, Harvard School of Public Health.

It is desired also to express appreciation to Miss Helen H. Dolan, chief research worker and to Misses Sarah E. Kinney and Dorothy A. Gelpke, who were in charge of two of the field groups during the past year.

Respectfully,

NEIL A. DAYTON, *Director.*

REPORT OF THE DIVISION OF STATISTICS.

To the Commissioner of the Department of Mental Diseases:

A report on the work of the Division of Statistics for the year ending November 30, 1929, is respectfully submitted:

The State Board of Insanity of Massachusetts was first created by an Act of the Legislature of 1898. This Board was provided with supervisory and advisory powers over all public and private institutions and homes caring for the insane, and over the feeble-minded, the epileptic and the inebriate. Previously, these powers had been vested in the State Board of Lunacy and Charity. The new Board superseded the latter, however, and was given broader and more extensive powers.

The State Board of Insanity was composed of five members who received no remuneration from the State for their services, and an executive head who received compensation. Its functions were as follows: To supervise the twenty-nine State, municipal, and private institutions for the insane, feeble-minded, epileptic, dipsomaniac, and inebriate which existed in 1899; to supervise insane patients under care in private families; to supervise the insane and feeble-minded in city and town almshouses, and those in private families in care of the Overseers of the Poor; and, finally, to supervise all matters relating to the transportation of patients within and without the State.

The trustees and officers of the various institutions supervised by the Board were, in most particulars, legally responsible for the administration of the institutions and for the care of the patients therein. The Board was of valuable assistance, however, in improving and standardizing many of the practices at the individual hospitals.

A census made on October 1, 1899, showed that 9,739 persons were under the supervision of the Board. Of these, 8,282 persons were classified as insane, 1,091 as feeble-minded, and the remainder as epileptic and inebriate. Although the majority of these patients were being cared for in State institutions, their financial support was divided between cities, towns, private individuals, and the State.

In 1904 the question of financial support for the dependent insane was definitely settled when the State took over the entire support of these persons. Patients were transferred from almshouses and private homes as fast as new facilities could be provided by the State. By 1908, when the Boston Insane Hospital (now the Boston State Hospital) became a part of the State Hospital System, no insane patients were cared for in almshouses. A small number were being cared for in private families, but these were given very careful supervision.

The same policy of State support was also gradually applied to the feeble-minded, the epileptic, and the inebriates who were dependent upon public support, although a considerable number of these classes are still cared for in almshouses.

With the passing years, the supervisory powers of the State Board of Insanity were extended, while those of the trustees of the institutions were limited. In addition, mandatory powers were vested in the Board. These extended not only to public institutions, but to private hospitals as well. In 1914, the unpaid Board of five members with an executive head was replaced by a paid board of three members, in accordance with Chapter 762 of the Acts of 1914.

On August 1, 1916, the State Board of Insanity was abolished and in its place the Massachusetts Commission on Mental Diseases, with a Director as its executive head, was established, in accordance with Chapter 285 of the General Acts of 1916. New powers were added to those already vested in the Board which the Commission now superseded.

In accordance with Chapter 350 of the General Acts of 1919, which provided for the reorganization of State Departments, the Commission became the Department of Mental Diseases on December 1, 1919, with the executive head designated as "Commissioner." No new powers were given the Department.

The State Hospital system has continued to keep pace with current developments that are of interest to social psychiatry. Social work throughout the State was given added impetus and its scope extended by the Commission and the Department. Two new Divisions were established in 1922; (1) The Division of Mental Hygiene and (2) the Division of Mental Deficiency. Later, in 1924, the Division for the Psychiatric Examination of Prisoners was established under the Department.

At the present time the Department has under its direct management eleven State Hospitals (including the Boston Psychopathic Hospital), three State Schools for the feeble-minded, and one State Hospital for epileptics, (Monson). It is also undertaking the construction of a new hospital for the insane (Metropolitan State Hospital), the building of which was authorized by the Legislature in 1927. In addition, the Department supervises patients in two other State institutions which are not directly under its jurisdiction. These are (1) the Mental Wards, Tewksbury State Infirmary, and (2) the Bridgewater State Hospital, which cares for the criminal insane. The Department also supervises all insane, feeble-minded, inebriate persons, and drug addicts in the care of private hospitals and homes. The Veterans' Bureau Hospitals for the Insane in Massachusetts also come under the supervision of the Department: The Veterans' Hospital at Northampton and the Veterans' Hospital at Bedford.

The Department has standardized much of the administrative procedure in the public institutions under its direction. It has created safeguards to patients through legislation, particularly with regard to uniform and enlightened methods of admission and of treatment. Through its licensing power, it has also provided supervision over private hospitals and private homes.

The Department, as well as the preceding Commission and Board, has always been responsible for the collection and compilation of statistics relating to the insane, feeble-minded, epileptic and inebriate persons and drug addicts cared for in public and private institutions or homes throughout the State.

Since the latter part of 1926, the Statistical Division of the Department has been reorganized. A new system of recording data on all patients within the purview of the central office has been established and put into effective operation, both at the individual institutions and at the central Department. By means of this new method, complete centralization of procedure has been effected, and the scope of information and data on our patient population, both insane and feeble-minded, has been tremendously increased. At the present time the Statistical Division is completing the statistical work for each of the 15 institutions under the Department. The institutions simply send a statistical card to the Department indicating the admission, discharge or death of each patient, and at the end of the year a set of the 18 National Committee for Mental Hygiene tables are made up and returned to the institution for publication in its annual report. This removes all statistical work from the institution, making use of the machine equipment of the central office to relieve institutions of these duties.

In the past we have adhered rather closely to the set-up of the National Committee tables which were based upon first admissions, re-admissions, discharges

and deaths of regularly committed cases only. Insofar as this particular type of case made up only about 50 per cent of our total admissions, we were receiving a very incomplete picture of the actual statistics on all types of admissions and discharges. The 1928 report of the Department of Mental Diseases was the first making use of the new statistical system, and presented radical changes from the old statistical set-up.

The 1929 report of the Department is the second making use of the new statistical system, and has been enlarged in certain respects. The 137 tables in the 1928 report have been increased to 165, and the 28 new tables have permitted the amplification of the more important subjects and a finer analysis of other significant factors in mental disease or mental deficiency.

While we continued the tables on regular first admissions by court commitment, others were added. These included new tables of first admissions on all forms of admission; that is, admissions on regular court commitment, admissions for temporary care (including observation), and admissions on voluntary status. In addition, the scope of tables in reference to discharges and patients dying in institutions was enlarged.

New tables were added in reference to patients in residence in mental hospitals and on the books of institutions at the end of the statistical year.

A new section of fifty-one tables, which included information in reference to the three schools for mental defectives, has been incorporated in the report. These tables discuss various aspects in connection with admissions, discharges, deaths and resident population of the three state schools.

Respectfully,

NEIL A. DAYTON, *Director.*

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- I. Departmental Statistics, Tables A to J.
- II. Statistical Review; Subjects of Text Discussion.
 - A. General Discussion of All Classes Under Care.
 - B. All Admissions to Mental Hospitals During 1929.
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 - D. Deaths in Mental Hospitals During 1929.
 - E. Resident Population of Mental Hospitals on September 30, 1929.
 - F. General Discussion of All Classes under Care in State Schools.
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- III. Graphs:
 - Department Statistics, Graphs A to C.
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DEPARTMENTAL STATISTICS.

TABLE A. — General Statement of the Department for the Year Ended November 30, 1929 by Institution.

INSTITUTIONS.	Year of Opening.	Number Patients under Care Nov. 30	Number Total Admissions.	ACREAGE			VALUATION (See Notes).							Total
				Total Acres.	Buildings Sites and Grounds	Under Cultivation	Land ¹	Buildings and Betterments ²	Personal Property ³	Farm and Garden Products.	Industrial.			
<i>Hospitals for Mental Diseases.</i>														
Boston Psychopathic.	1912	73	1,870	2	2	—	\$45,060.00	\$568,852.23	\$50,372.26	—	\$643.00	\$664,927.49		
Boston State	1839 ²	2,267	752	236.517	101.667	134.85	629,508.00	2,640,701.74	346,805.74	16,431.37	33,470.66	3,666,917.51		
Danvers	1878	1,920	716	517.000	247.000	270.00	89,640.00	2,595,582.53	289,291.06	90,620.24	32,654.63	3,097,778.46		
Foxborough	1893	979	206	346.000	246.000	100.00	35,400.00	1,642,276.28	269,327.83	34,904.07	16,394.94	1,998,303.12		
Gardner	1902	1,103	1,856	000	1,533.75	322.25	37,350.00	1,087,390.14	290,973.30	67,201.12	32,754.97	1,515,669.53		
Grafton	1915 ³	74	1,068	60	808.35	260.25	36,835.00	1,327,950.32	225,011.29	75,600.26	17,782.29	1,683,179.16		
Medfield	1896	1,815	230	653.45	443.45	210.00	43,279.00	1,691,714.13	301,059.40	79,860.43	24,007.00	2,139,919.96		
Northampton	1858	552	513	000	302.000	211.00	167,700.00	1,720,539.46	195,674.93	57,608.82	10,752.30	2,152,275.51		
Taunton	1854	1,444	493	443.000	289.000	154.00	55,285.00	1,037,647.71	250,345.42	61,598.77	29,321.32	1,434,198.22		
Westborough	1886	1,439	496	763.93	447.78	316.15	68,770.00	1,060,743.35	320,150.50	57,729.80	22,726.63	1,530,120.28		
Worcester	1833	2,273	613	589.16	414.16	175.00	438,200.00	2,161,914.66	443,223.52	62,911.67	31,894.42	3,138,144.27		
Metropolitan ¹				371.99	371.99	—	54,612.00	2,347,810.64	—	—	—	2,402,422.64		
Monson (epileptic)	1898	1,197	187	661.79	537.79	124.00	14,362.00	884,998.48	274,782.45	47,158.35	15,781.43	1,237,082.71		
Total		17,537	6,252	8,022.937	5,744.937	2,277.50	1,716,001.00	20,768,121.67	3,257,017.70	651,624.90	268,183.59	26,660,948.86		
<i>Schools for Mental Defectives.</i>														
Belchertown	1922	885	56	723.6	584.6	139.00	\$22,120.29	\$2,018,656.42	\$214,222.50	\$48,709.81	\$2,516.30	\$2,306,225.32		
Walter E. Fernald	1848	1,691	136	2,018.18	1,706.40	311.78	88,011.00	1,317,754.51	308,542.83	78,527.20	29,850.21	1,822,685.75		
Wrentham	1907	1,407	119	590.000	459.000	131.00	19,283.50	1,358,045.83	297,076.78	65,486.78	20,923.74	1,760,816.63		
Total		3,983	311	3,331.78	2,750.00	581.78	\$129,414.79	\$4,694,456.76	\$819,842.11	\$192,723.79	\$53,290.25	\$5,889,727.70		
Grand Total		21,520	6,563	11,354.217	8,494.937	2,859.28	\$1,845,415.79	\$25,462,578.43	\$4,076,859.81	\$844,348.69	\$321,473.84	\$32,550,676.56		

¹Under Construction²Taken over by State 1908³Part of Worcester State Hospital from 1877 to 1915.⁴Valuation as per Sec. 13 to 17, Chapter 58, General Laws.⁵Valuation by committee of Comptroller and Representatives of Institutional Departments.⁶Valuation as per regulations of Department of Mental Diseases.

TABLE B. — *Patients in Residence, Total Admissions, Officers and Employees in Department Institutions on November 30, 1929—by Institutions.*

INSTITUTIONS.	Patients Actually in Institutions.	Total Admissions. ¹	TOTAL.	NUMBER OF OFFICERS AND EMPLOYEES.						NUMBER OF PATIENTS TO EACH.			
				Physicians.	Resident Dentists.	Industrial and Educational Department.	Social Workers.	Graduate Nurses.	Other Nurses and Attendants.	All Others.	Resident Physicians.	Nurses and Attendants.	Em- ployee.
<i>Hospitals for Mental Diseases:</i>													
Boston Psychopathic	73	1,870	155	11	1	2	6	14	37	84	6.64	1.43	.47
Boston State	2,267	652	454	12	1	14	4	14	247	162	188.92	8.69	4.99
Danvers	1,920	716	358	9	1	7	3	16	189	133	213.33	7.37	5.36
Foxborough	1,979	206	198	6	0	5	1	10	90	86	163.17	9.79	4.94
Gardner	1,103	163	215	7	1	9	0	4	98	97	183.83	10.81	5.13
Granton	1,569	74	298	7	1	6	1	15	121	147	224.14	11.54	5.27
Medfield	1,815	230	348	10	1	8	2	15	170	142	181.50	9.81	5.22
Northampton	1,444	552	249	6	1	3	2	2	126	109	240.67	11.28	5.80
Taunton	1,458	493	295	9	1	6	3	19	140	117	162.00	9.17	4.94
Westborough	1,439	496	301	7	1	6	2	2	124	142	208.57	10.06	4.78
Worcester	2,273	613	457	12	1	9	3	40	226	166	189.42	8.55	4.97
Monson (epileptic)	1,197	187	248	7	1	4	1	8	118	109	171.00	9.50	4.83
Total	17,537	6,252	3,576	102	11	79	28	176	1,686	1,494	171.93	9.42	4.90
<i>Schools for Mental Defectives:</i>													
Belchertown	885	56	174	5	1	10	2	1	78	77	177.00	11.20	5.09
Walter E. Fernald	1,691	119	335	7	0	34	2	1	186	105	241.57	9.04	5.05
Wrentham	1,407	136	236	6	1	22	2	0	144	61	234.50	9.77	5.96
Total	3,983	311	745	18	2	66	6	2	408	243	221.28	9.71	5.35
Grand Total	21,520	6,563	4,321	120	13	145	34	178	2,094	1,737	179.33	9.47	4.98

¹During Statistical Year Ending September 30, 1929.

TABLE C. — *Average Weekly Per Capita Costs¹ for Maintenance and Operation for the Period 1917 to 1929, by Institution.*

INSTITUTIONS.	1917.	1918.	1919.	1920.	1921.	1922.	1923.	1924.	1925.	1926.	1927.	1928.	1929.
<i>Hospitals for Mental Diseases:</i>													
Boston Psychopathic	25.95	30.91	32.29	36.90	41.84	42.38	50.92	48.57	48.94	49.62	51.01	51.99	58.51
Boston State	5.71	7.87	6.22	7.64	7.77	6.80	6.83	6.81	6.73	6.83	6.94	7.00	7.15
Danvers	5.61	6.94	8.35	7.24	6.59	6.24	7.09	6.32	6.45	6.53	6.80	6.79	7.24
Foxborough	8.36	10.23	8.35	10.60	9.77	9.81	10.48	9.52	8.27	8.50	8.85	8.08	7.81
Gardner	5.02	6.13	6.42	6.92	6.70	6.43	6.67	6.42	6.73	6.37	6.64	6.81	6.93
Grafton	5.38	6.53	6.12	7.34	6.76	6.50	6.74	6.34	7.13	6.36	6.85	6.80	6.98
Medfield	5.49	6.13	6.73	7.29	6.64	5.82	6.53	6.38	6.36	6.04	6.58	6.55	6.97
Northampton	5.15	5.81	5.91	6.52	6.02	5.92	6.19	6.00	6.43	6.23	6.41	6.64	6.43
Taunton	5.57	6.28	6.34	6.65	6.43	6.15	6.69	7.13	6.71	6.56	7.28	7.26	7.38
Westborough	6.19	7.34	6.79	8.10	7.18	7.24	7.65	7.44	7.36	7.32	7.85	7.78	7.50
Worcester	5.26	5.89	5.66	6.42	6.40	6.13	6.51	6.58	6.78	6.29	7.03	6.97	7.21
Monson (epileptic)	5.44	5.54	6.40	7.42	6.72	6.11	6.44	6.77	6.62	6.52	6.85	6.89	6.99
Average per capita cost including Psychopathic	5.71	6.76	6.41	7.45	7.08	6.68	7.11	6.99	7.02	6.86	7.22	7.28	7.37
Average per capita cost excluding Psychopathic	5.57	6.61	6.25	7.27	6.86	6.46	6.88	6.77	6.80	6.65	7.00	7.04	7.13
<i>Schools for Mental Defectives:</i>													
Belchertown	—	—	—	—	—	—	3.25	9.19	8.06	7.86	8.03	8.02	8.42
Walter E. Fernald	4.68	5.49	6.00	6.70	7.07	6.51	6.70	7.08	6.99	7.16	7.18	7.09	7.09
Wrentham	4.57	5.61	5.54	6.95	6.80	6.43	7.34	6.79	6.81	6.37	6.76	6.65	7.05
Average per capita cost	4.64	5.54	5.80	6.81	6.95	6.47	7.65	7.32	7.14	7.01	7.19	7.13	7.37
Average per capita cost of all Institutions	5.54	6.56	6.31	7.34	7.06	6.64	7.20	7.05	7.04	6.89	7.21	7.25	7.37

¹This table is figured less sales, but not less paying patients and other receipts.

TABLE D. — *Percentage of Total Costs of Maintenance and Operation Collected from Paying Patients from 1917 to 1929 Inclusive.*

INSTITUTIONS.		1917.	1918.	1919.	1920.	1921.	1922.	1923.	1924.	1925.	1926.	1927.	1928.	1929.
<i>Hospitals for Mental Diseases:</i>														
Boston Psychopathic	.	—	4.28	5.24	7.21	.06	2.45	1.55	3.68	2.05	1.46	1.06	1.79	.61
Boston State	.	5.09	4.47	7.31	7.49	7.12	6.97	9.61	11.39	7.63	15.27	15.26	13.95	12.05
Danvers	.	5.71	4.47	7.31	7.49	8.71	11.69	11.02	14.72	12.32	22.76	24.04	23.36	19.34
Foxborough	.	3.08	1.36	1.65	3.97	4.21	4.49	3.95	7.17	6.29	11.89	11.65	13.18	13.73
Gardner Colony	.	1.63	.75	.38	1.32	1.11	1.31	1.59	4.68	2.89	6.82	7.70	7.38	8.79
Grafton Hospital	.	2.06	1.52	2.26	2.76	2.59	3.16	2.04	5.13	1.98	3.56	4.55	3.58	3.76
Medfield	.	2.63	2.42	2.02	2.97	3.44	5.57	4.32	9.54	4.48	6.18	6.77	7.63	6.26
Northampton	.	6.58	5.63	5.79	10.21	9.23	10.44	8.01	14.84	13.15	30.10	28.72	25.83	25.86
Taunton	.	5.22	3.88	3.68	5.40	6.59	6.82	7.34	10.64	8.36	16.24	15.81	14.58	12.28
Westborough	.	5.39	5.28	5.12	5.05	7.36	6.61	6.67	11.32	11.18	31.3	31.62	30.32	30.35
Worcester	.	4.61	4.85	5.12	7.10	6.37	6.98	6.59	11.81	6.62	14.53	15.57	13.74	12.00
Monson (epileptic)	.	2.55	2.86	2.31	2.06	1.99	2.54	2.15	3.32	4.82	6.28	7.29	7.24	5.70
Average	.	4.11	3.53	3.88	5.28	5.41	6.21	6.09	9.75	7.12	14.78	14.82	14.36	13.12
<i>Schools for Mental Defectives:</i>														
Belchertown	.	—	.78	.64	1.19	—	—	.02	.20	.36	1.72	1.59	2.39	1.95
Walter E. Fernald	.	1.07	.14	.15	.38	.28	1.64	1.12	1.82	2.17	4.20	4.33	5.51	4.03
Wrentham	.	.41	.14	.15	.38	.28	1.40	.43	.46	1.04	1.46	1.89	2.94	2.35
Average	.	.81	.50	.44	.83	.81	1.53	.66	1.01	1.33	2.73	2.87	3.90	2.93
Grand Average	.	3.66	3.10	3.35	4.59	4.66	5.48	5.13	8.16	6.08	12.57	12.66	12.49	11.27
Family Care under Department.	.	9.95	6.84	.60	—	—	18.25	—	4.21	23.67	6.30	4.59	4.26	5.54

Note:— See Tables showing number and percentage paying patients on page 95 for Institutions for the Insane, Feeble-minded and Epileptic, for Institutions for the Feeble-minded.

TABLE E.—*Percentage of Total Net Expenditures by the State, Expended for the Care of the Mental Diseases, Mental Defectives, and Epileptics from 1913 to 1929.*

FISCAL YEAR ENDED NOVEMBER 30 OF EACH YEAR.	Total Expended by the State.	Total Expended for Care of Insane, Feeble-minded and Epileptic.	Percent- age.
1913	\$24,543,221.70	\$4,632,593.84	18.88
1919	53,769,626.25	6,864,669.63	12.77
1920	46,648,928.67	7,852,184.56	16.83
1921	41,669,278.65	8,252,082.46	19.80
1922	44,114,727.08	8,217,175.36	18.63
1923	45,438,413.85	8,777,574.59	19.10
1924	47,286,108.80	8,577,393.51	18.14
1925	46,613,633.49	8,506,305.01	18.25
1926	49,164,754.28	8,674,918.98	17.64
1927	51,537,132.98	9,537,342.42	18.51
1928	53,763,560.75	10,441,689.17	19.42
1929	58,346,381.85	12,030,668.66	20.62

Includes Department Institutions, Mental Wards at Tewksbury, Bridgewater State Hospital and Patients Boarded Out by Department.

Note:—The absence of data for years 1914 to 1918 inclusive is due to the fact that figures are not available for prior to 1918 the report of the Auditor of the Commonwealth did not show a recapitulation giving the total State expenses inasmuch as prior to this year many of the expenses of the State were paid out of funds. In 1924 a comparison of 1923 with 1913 was desired and an analysis of the Auditor's report of 1913 was made, throwing all fund expenditures into the revenue expenditures of that year. This was a task of such magnitude that it has not been deemed advisable to continue covering the years 1914 to 1918 inclusive.

TABLE F.—*Number of Patients in State Institutions for the Insane, Feeble-minded, and Epileptic, and Overcrowding, September 30, 1929.*

INSTITUTIONS.	Capacity.	Patients in Insti- tutions.	OVERCROWDING	
			Number.	Per- centage.
<i>Mental Hospitals.</i>				
Worcester State Hospital.	2,152	2,253	101	4.69
Taunton State Hospital	1,204	1,506	302	25.08
Northampton State Hospital	1,565	1,416	149	9.52
Danvers State Hospital	1,684	1,951	267	15.85
Westborough State Hospital	1,221	1,477	256	20.47
Boston State Hospital	1,897	2,279	382	20.13
Boston Psychopathic Hospital	126	77	49	38.88
Grafton State Hospital	1,152	1,537	385	33.42
Medfield State Hospital	1,544	1,828	284	11.91
Gardner State Colony	1,032	1,111	79	7.65
Foxborough State Hospital	905	990	85	9.39
Mental Wards, State Infirmary	673	788	115	17.08
Bridgewater Hospital	908	937	29	3.19
Total	16,063	18,150	2,087	12.99
<i>State Schools.</i>				
Walter E. Fernald State School	1,498	1,678	180	12.01
Wrentham State School	1,290	1,396	106	8.21
Belchertown State School	762	867	105	13.77
Total	3,550	3,941	391	11.01
<i>Epileptic.</i>				
Monson State Hospital	967	1,241	274	28.33
Aggregate	20,580	23,332	2,752	13.37

¹Decrease or overcrowding.

TABLE G.—*Number of Patients and Overcrowding in State Institutions for the Insane, Feeble-minded and Epileptic on September 30, Years 1905-1929, inclusive.*

[See note following this table.]

INSTITUTIONS BY YEARS	Rated Capacity.	Actual Number of Patients in Institution.	OVERCROWDING.	
			Excess ¹ Number of Patients.	Percentage.
1905.				
State Hospitals	9,574	9,550	-24 ¹	-0.25
State Schools	1,002	1,028	26	2.59
Monson Hospital (epileptic)	462	521	59	12.77
Total	11,038	11,099	61	0.55
1906.				
State Hospitals	10,098	9,706	-392	-3.88
State Schools	1,262	1,120	-142	-11.25
Monson Hospital (epileptic)	591	531	-60	-10.15
Total	11,951	11,357	-594	-4.97
1907.				
State Hospitals	10,667	10,032	-635	-5.95
State Schools	1,262	1,228	-34	-2.69
Monson Hospital (epileptic)	699	570	-129	-18.45
Total	12,628	11,830	-798	-6.31
1908.				
State Hospitals	10,667	10,774	107	1.01
State Schools	1,312	1,332	20	1.52
Monson Hospital (epileptic)	699	686	-13	-1.86
Total	12,678	12,792	114	0.89
1909.				
State Hospitals	10,868	11,299	431	3.96
State Schools	1,582	1,443	-139	-8.78
Monson Hospital (epileptic)	699	695	-4	-0.57
Total	13,149	13,437	288	2.19
1910.				
State Hospitals	10,962	11,792	830	7.57
State Schools	1,690	1,567	-123	-7.28
Monson Hospital (epileptic)	853	770	-83	-9.74
Total	13,505	14,129	624	4.62
1911.				
State Hospitals	11,759	12,121	362	3.08
State Schools	1,720	1,642	-78	-4.54
Monson Hospital (epileptic)	853	851	-2	-2.34
Total	14,332	14,614	282	1.95
1912.				
State Hospitals	12,083	12,594	511	4.23
State Schools	1,820	1,845	25	1.37
Monson Hospital (epileptic)	853	887	34	3.98
Total	14,756	15,326	570	3.86
1913.				
State Hospitals	12,619	12,940	321	2.54
State Schools	2,063	1,922	-141	-6.82
Monson Hospital (epileptic)	853	922	69	8.09
Total	15,535	15,784	249	1.60
1914.				
State Hospitals	12,770	13,239	469	3.68
State Schools	2,088	2,194	106	5.07
Monson Hospital (epileptic)	976	963	-13	-1.33
Total	15,834	16,396	562	3.54

TABLE G. — *Number of Patients and Overcrowding in State Institutions for the Insane, Feeble-minded and Epileptic on September 30, Years 1905-1929, inclusive. — Continued.*

[See note following this table.]

INSTITUTIONS BY YEARS.	Rated Capacity.	Actual Number of Patients in Institution.	OVERCROWDING.	
			Excess ¹ Number of Patients.	Percentage.
1915.				
State Hospitals	12,980	13,771	791	6.10
State Schools	2,488	2,309	-179	-7.19
Monson Hospital (epileptic)	968	1,015	47	4.86
Total	16,436	17,095	659	4.03
1916.				
State Hospitals	13,190	14,061	871	6.60
State Schools	2,028	2,582	-46	-1.74
Monson Hospital (epileptic)	967	993	26	2.67
Total	16,785	17,636	851	5.07
1917.				
State Hospitals	13,431	14,392	961	7.15
State Schools	2,718	2,673	-45	-1.66
Monson Hospital (epileptic)	967	1,042	75	7.76
Total	17,116	18,107	991	5.78
1918.				
State Hospitals	13,479	14,522	1,043	7.76
State Schools	2,718	2,763	45	1.65
Monson Hospital (epileptic)	967	954	-13	-1.35
Total	17,164	18,239	1,075	6.26
1919.				
State Hospitals	13,724	14,295	571	4.16
State Schools	2,823	2,739	-84	-2.97
Monson Hospital (epileptic)	967	922	-45	-4.65
Total	17,514	17,956	442	2.51
1920.				
State Hospitals	14,101	14,726	625	4.43
State Schools	2,823	2,820	-3	-0.11
Monson Hospital (epileptic)	967	960	-7	-0.72
Total	17,891	18,506	615	3.44
1921.				
State Hospitals	14,207	15,392	1,185	8.34
State Schools	2,823	2,941	118	4.18
Monson Hospital (epileptic)	967	1,036	69	7.15
Total	17,997	19,369	1,372	7.63
1922.				
State Hospitals	14,362	15,697	1,335	9.31
State Schools	2,823	2,849	26	0.92
Monson Hospital (epileptic)	967	1,113	146	15.10
Total	18,152	19,659	1,507	8.30
1923.				
State Hospitals	14,654	15,962	1,308	8.91
State Schools	3,498	3,239	-259	-7.41
Monson Hospital (epileptic)	967	1,089	122	12.61
Total	19,119	20,290	1,171	6.13
1924.				
State Hospitals	14,741	16,356	1,615	10.92
State Schools	3,498	3,460	-38	-1.08
Monson Hospital (epileptic)	967	1,159	192	19.81
Total	19,206	20,975	1,769	9.22

TABLE G.—*Number of Patients and Overcrowding in State Institutions for the Insane, Feeble-minded and Epileptic on September 30, Years 1905-1929, inclusive. — Concluded.*

[See note following this table.]

INSTITUTIONS BY YEARS.	Rated Capacity.	Actual Number of Patients in Institution.	OVERCROWDING.	
			Excess ¹ Number of Patients.	Percent- age.
1925.				
State Hospitals	14,924	16,808	1,884	12.60
State Schools	3,498	3,593	95	2.71
Monson Hospital (epileptic)	967	1,182	215	22.23
Total	19,389	21,583	2,194	11.31
1926.				
State Hospitals	15,123	16,989	1,866	12.32
State Schools	3,498	3,660	162	4.68
Monson Hospital (epileptic)	967	1,160	193	19.96
Total	19,588	21,809	2,221	11.34
1927.				
State Hospitals	15,821	17,386	1,565	9.89
State Schools	3,498	3,787	289	8.26
Monson Hospital (epileptic)	967	1,211	244	25.33
Total	20,286	22,384	2,098	10.34
1928.				
State Hospitals	16,063	17,783	1,720	10.71
State Schools	3,550	3,912	362	10.19
Monson Hospital (epileptic)	967	1,214	247	25.54
Total	20,580	22,908	2,329	11.31
1929				
State Hospitals	16,161	18,150	1,989	12.30
State Schools	3,654	3,941	287	7.85
Monson Hospital (epileptic)	1,037	1,241	204	19.67
Total	20,852	23,332	2,480	11.89

¹Minus sign indicates decrease in number of patients or percentage undercrowding.

Note:—The above rated capacities are based upon the following unit of floor area established by the State Board of Insanity in 1905.

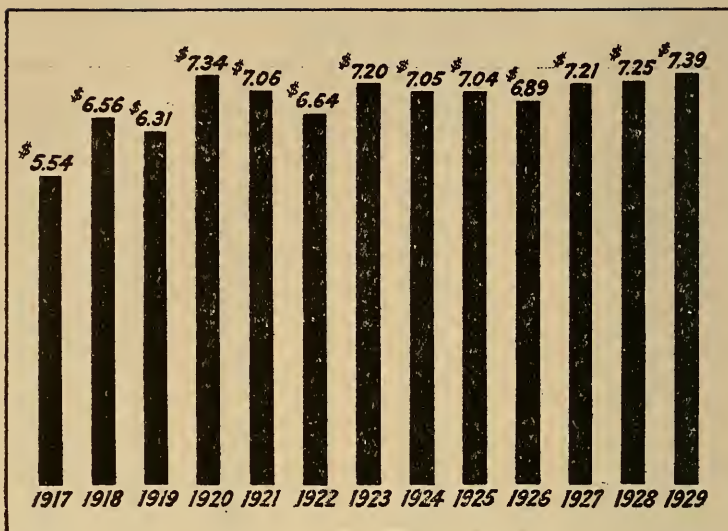
"Fifty square feet per patient in day rooms, an equal amount in dormitories and 100 square feet in rooms used continuously by the sick in bed or other classes, with the exception that in buildings where the patients are all quiet, clean, able-bodied and out of doors most of the day, the day space has been reduced to 30 square feet." This limit has been uniformly followed with only minor changes here and there made necessary by factors peculiar to a few hospitals. A new unit for floor space will be used in measuring capacities beginning 1929 which will be published in the report for year ending 1929.

TABLE H. — *Paying Patients, Number and Per Cent in State Hospitals on September 30, 1904-1929, inclusive.*¹

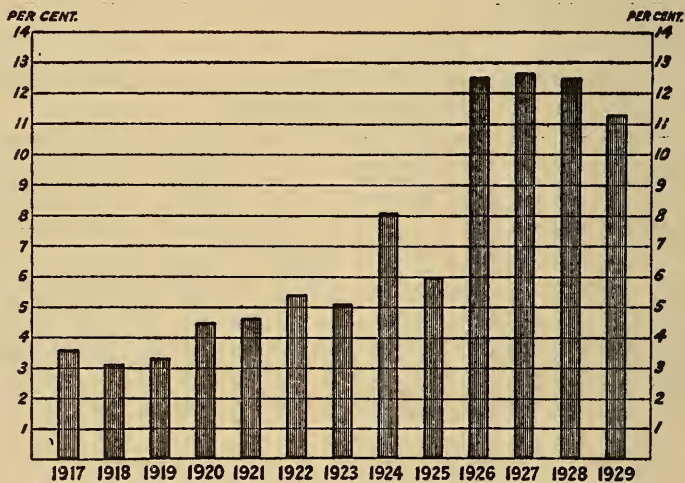
YEAR.	Number of Patients in Institutions.	Number of Paying Patients.	Percentage of Resident Patients.
1904	10,100	1,189	11.7
1905	10,071	1,217	12.1
1906	10,237	1,299	12.7
1907	10,602	1,300	12.3
1908	11,460	1,390	12.1
1909	11,994	1,488	12.4
1910	12,562	1,462	11.6
1911	12,972	1,521	11.3
1912	13,481	1,585	11.8
1913	13,949	1,603	11.5
1914	14,202	1,503	10.6
1915	14,786	1,506	10.2
1916	15,054	1,535	10.2
1917	15,434	1,512	9.8
1918	15,476	1,595	10.3
1919	15,217	1,548	10.2
1920	15,678	1,526	9.7
1921	16,428	1,683	10.2
1922	16,810	1,604	9.5
1923	17,051	1,985	11.6
1924	17,515	1,916	10.9
1925	17,990	2,051	11.4
1926	18,149	2,194	12.1
1927	18,573	2,282	12.3
1928	18,997	2,338	12.3
1929	19,391	2,345	12.0

¹Includes Mental Wards, Tewksbury, and Bridgewater.TABLE J. — *Paying Patients, Number and Per Cent in State Schools on September 30, 1904-1929, inclusive.*

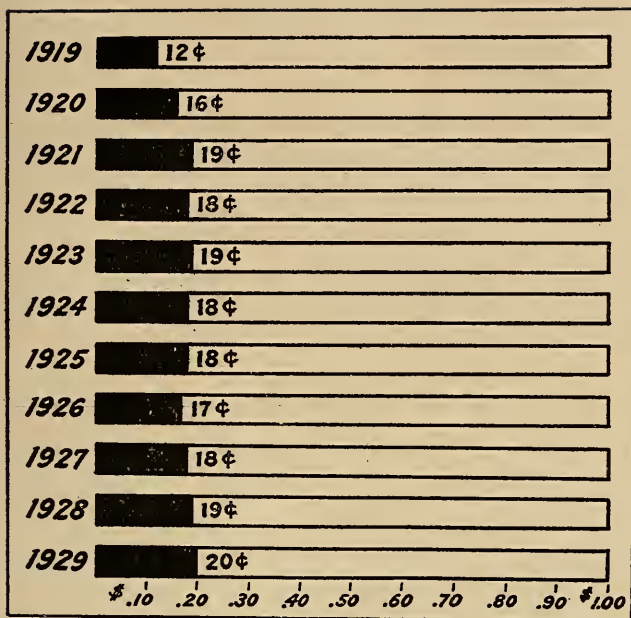
YEAR.	Number of Patients in Schools.	Number of Paying Patients.	Percentage of Resident Patients.
1904	897	95	8.9
1905	1,078	96	8.9
1906	1,170	92	7.9
1907	1,278	89	7.0
1908	1,382	82	5.9
1909	1,493	75	5.7
1910	1,617	60	3.7
1911	1,692	67	3.9
1912	1,895	70	3.7
1913	1,972	70	3.5
1914	2,244	41	1.8
1915	2,359	39	1.7
1916	2,632	37	1.5
1917	2,723	43	0.9
1918	2,813	21	0.7
1919	2,789	29	1.0
1920	2,870	30	1.0
1921	2,991	37	1.2
1922	2,899	31	1.0
1923	3,289	23	1.4
1924	3,510	52	1.5
1925	3,643	78	2.1
1926	3,710	121	3.3
1927	3,837	166	4.3
1928	2,912	176	4.5
1929	3,941	151	3.8



GRAPH A. — AVERAGE WEEKLY PER CAPITA COSTS FOR MAINTENANCE,
ALL INSTITUTIONS, 1917 TO 1929.



GRAPH B. — PER CENT OF COST OF MAINTENANCE FOR ALL PATIENTS,
COLLECTED FROM PAYING PATIENTS, 1917-1929.
ALL INSTITUTIONS.



GRAPH C.— PORTION OF EVERY STATE DOLLAR EXPENDED ON MENTAL DISEASES, 1919-1929.

STATISTICAL REVIEW.¹

MENTAL DISEASES.

Section A. General Discussion of All Classes under Care in Mental Hospitals, 1929, and Previous Years.

Section A is devoted to the general discussion of all classes under treatment, and also presents material in reference to the care of mental patients in Massachusetts for the years 1904-1929. Other items of general interest, including the legal forms of admissions to mental hospitals, are outlined.

ALL CLASSES UNDER CARE, 1929.

Table I shows the total number of patients of all classes under treatment in public and private institutions on September 30, 1929, and comprises cases actually within institutions and a comparative few in family care.

TABLE 1. — *Patients of All Classes Under Treatment on September 30, 1929.*¹

LOCATION.	Insane.	Mentally Defective.	Epileptic (Sane).	Voluntary. ³	Temporary Care.	Others.	Total.
<i>Public Institutions.</i>							
Boston State	2,241	16	—	—	29	—	2,286
Boston Psychopathic	34	2	—	5	36	—	77
Danvers	1,948	9	—	—	10	—	1,967
Foxborough	952	32	1	3	2	—	990
Gardner	1,092	78	—	2	1	—	1,173
Grafton	1,461	68	19	—	—	—	1,548
Medfield	1,831	—	—	1	4	—	1,836
Northampton	1,366	42	1	4	10	—	1,423
Taunton	1,503	2	—	—	6	—	1,511
Westborough	1,496	—	—	3	4	—	1,503
Worcester	2,204	36	1	8	14	1	2,264
Monson (epileptic)	347	—	894 ⁴	—	—	—	1,241
Mental Wards, State Infirmary	788	—	—	—	—	—	788
Bridgewater	756	30	1	—	150	—	937
Family Care Under Department	17	—	—	—	—	—	17
Belchertown State School	—	816	—	—	—	51 ⁶	867
Walter E. Fernald	—	1,637	—	—	—	41	1,678
Wrentham	—	1,337	—	—	—	59	1,396
Hospital Cottages for Children	—	114	—	—	—	—	114
Alms-houses ²	—	107	—	—	—	—	107
Total under Public Care	18,036	4,326	917	26	266	152	23,723
<i>Private Institutions.</i>							
McLean Hospital	187	—	—	19	1	—	207
U. S. Veterans' No. 95	537	2	—	—	—	1	540
U. S. Veterans' No. 107 ⁵	352	—	—	4	—	—	356
Twenty other Private Institutions	134	111	—	21	2	60 ⁷	328
Total	1,210	113	—	44	3	61	1,431
Total — All Classes	19,246	4,439	917	70	269	213	25,154

¹Includes all patients actually in public and private institutions and in Family Care.

²Taken from reports of Overseers of Poor, March, 1929.

³Voluntary to Institutions for Mental Diseases.

⁴Sane admissions at Monson.

⁵Licensed by State, August 11, 1928.

⁶Patients I. Q. of .75 or more (not Feeble-minded).

⁷Includes 47 non-mental cases and 13 inebriates.

There were 25,154 patients of all classes under treatment in institutions (both public and private) on September 30, 1929. Compared with the estimated population of Massachusetts as of July 1, 1929², this makes a rate of 574 patients under

¹The material for the text tables contained in this review has been derived from certain items of the detailed tables. However, there are several tables which have not been discussed. These give additional information on admissions, discharges, deaths and cases in Residence on September 30, 1929, and are found in the appendix, tables 107-165 inclusive.

²Estimated population as of July 1, 1929, 4,380,463.

treatment for each 100,000 in the general population, or one person in 174. Of this total number 19,246 (76.5 per cent) were insane; 4,439 (17.6 per cent) were mentally defective; 917 (3.6 per cent) were epileptic (sane); 70 (.2 per cent) were voluntary admissions; 269 (1.0 per cent) were temporary care admissions; and 213 (.8 per cent) were classified as "others".

The total number under care in public institutions (including patients in family care) was 23,723 or 94.3 per cent. The total number under care in private institutions was 1,431 or 5.6 per cent.

During the last statistical year the number of patients under treatment has increased from a total of 24,634 on September 30, 1928, to a total of 25,154 on September 30, 1929, an increase of 520 patients. Those under care in public institutions have had a total increase of 444; while those under care in private institutions had a total increase of 76. No one institution has contributed materially to this total increase of patients, for a comparison of this data with that for the statistical year ended September 30, 1928, shows that nearly every institution has increased the number of its patients under care.

(a) *The Insane.*

The total cases held as insane in institutions (and in family care) on September 30, 1929, numbered 19,246. This is at the rate of 439 per hundred thousand of the estimated population of the State or one to every 227 of the estimated population.

The total insane in public institutions (including those in family care) numbered 18,036, a rate of 411 per hundred thousand of the estimated population of the State. There was an increase over the previous year of 361 in the insane actually within public institutions (including those in family care.)

The total insane under private care increased 33 as compared with an increase of 389 for the previous year. This large increase for 1928 was due chiefly to the fact that the U. S. Veterans' Hospital No. 107 became a licensed institution during that year.

(b) *The Mentally Defective.*

The mentally defective in all institutions, both public and private, numbered 4,439; there were 113 cases in private institutions. This is at the rate of 101 per hundred thousand of the estimated population of the State. There was an increase of 112 for the year as compared with an increase of 256 for the previous year.

(c) *The Epileptic Sane.*

The epileptic population not classified as insane numbered 917, and all of these were cared for in public institutions. The rate for this group is 20 per hundred thousand of the estimated population of the State. The year shows an increase of 99 in these cases.

(d) *Voluntary.*

The voluntary patients numbered 70, 37 per cent being in public institutions and 63 per cent in private institutions. The rate for this class in both public and private institutions is one per hundred thousand of the estimated population of the State. The year shows a decrease of 8 in these cases.

(e) *Temporary Care.*

Patients classified under temporary care in both public and private institutions numbered 269, of which only three patients were in private institutions. The rate for this class is 6 per 100,000 of the estimated population of the State. The year shows a decrease of 12 cases.

(f) *Unclassified.*

Patients in both private and public institutions classified as "Others" numbered 213, with 72 per cent of this number in public institutions and 28 per cent in private institutions. The rate for this class as a whole is 4 per hundred thousand of the estimated population of the State. The year shows a decrease of 65 in these cases.

PATIENTS ON BOOKS 1904-1929.

Table 2 shows the total number of patients on the books of all public and private institutions for the statistical years ended September 30, 1904-1929 inclusive. The insane have shown an increase of 11,056 patients over the 26-year period, representing a percentage increase of 105.1. The number of patients in schools for the mentally defective showed an increase of 3,516 over the same period representing a percentage increase of 415.1. The total increase of all patients on the books of both public and private institutions since 1904 was 15,584, representing a percentage increase of 133.1.

TABLE 2. — *Total Patients on Books of All Public and Private Institutions September 30, 1904-1929.*¹

YEAR.	Total.	State Hospitals and McLean Hospital; includes Bridgewater and Tewksbury	State Schools.	PRIVATE INSTITUTIONS ²	
				For Insane, inebriates, etc.	Mentally Defective.
1904	11,705	10,519	847	259	80
1905	12,495	11,111	1,028	279	77
1906	13,159	11,665	1,120	298	76
1907	13,602	12,021	1,228	276	77
1908	14,440	12,752	1,332	282	74
1909	15,107	13,298	1,443	293	73
1910	15,996	13,968	1,654	294	80
1911	16,859	14,720	1,772	273	94
1912	17,640	15,274	1,985	283	98
1913	18,396	15,964	2,049	293	90
1914	18,414	15,759	2,366	222	67
1915	19,196	16,434	2,471	229	62
1916	20,203	17,020	2,873	250	60
1917	20,659	17,403	2,947	250	59
1918	21,510	17,934	3,115	297	164
1919	21,578	17,919	3,219	281	159
1920	21,716	18,123	3,163	269	161
1921	22,556	18,738	3,375	306	137
1922	23,199	19,467	3,315	285	132
1923	23,964	19,774	3,762	282	146
1924	24,897	20,043	4,075	629	150
1925	25,565	20,526	4,125	765	149
1926	25,646	20,607	4,145	737	157
1927	25,911	20,843	4,162	747	165
1928	26,802	21,218	4,304	1,120 ³	170
1929	27,289	21,575	4,363	1,124	220

¹Including Insane in Family Care under Department, non-mental patients at Monson State Hospital voluntary and temporary care cases at all institutions.

²Includes U. S. Veterans' Hospitals Nos. 107 and 95.

³Increase largely due to U. S. Veterans' Hospital No. 107 being admitted to Statistical System as a licensed Institution, Aug. 11, 1928.

ANNUAL INCREASE OF PATIENTS ON BOOKS, 1904-1929.

There has been an average annual increase of 638 patients on the books of all institutions over the past 26 years (Table 3). This increase was greatest for the State Hospitals and McLean, the average increase of patients being 462 per year. The State schools as a group showed an average annual increase of 137 patients per year, while the private institutions for insane, etc., and the private institutions for the mentally defective alone, showed average annual increases of 31, and 5 respectively.

TABLE 3.—*Annual Increase of Patients on Books, 1903-1929.*

YEAR.	Total.	State Hospitals and McLean ¹	State Schools	PRIVATE INSTITUTIONS.	
				For Insane, Inebriates, etc.	Mentally Defective.
1904	1,018	980	47	-1 ²	-8
1905	790	592	181	20	-3
1906	664	554	92	-19	-1
1907	443	356	108	-22	1
1908	838	731	104	6	-3
1909	667	546	111	11	-1
1910	889	670	211	1	7
1911	863	752	118	-21	14
1912	781	554	213	10	4
1913	756	690	64	10	-8
1914	18	-205	317	-71	-23
1915	782	675	105	7	-5
1916	1,007	586	402	21	-2
1917	456	383	74	-	-1
1918	851	531	168	47	105
1919	68	-15	104	-16	-5
1920	138	204	-56	-12	2
1921	840	615	212	37	-24
1922	643	729	-60	-21	-5
1923	765	307	447	-3	14
1924	933	269	313	347	4
1925	668	483	50	136	-1
1926	81	81	20	-28	8
1927	265	236	17	10	8
1928	891	375	142	373 ³	5
1929	477	357	59	4	50
Average 26 years . . .	(638)	(462)	(137)	(31)	(5)

¹Including Insane in Family Care under Department, and all patients held in institutions under commitment as insane, or other forms of admission. Includes Bridgewater and Tewksbury.

²Minus sign indicates decrease.

³This increase is due largely to the U. S. Veterans' Hospital No. 107 becoming a licensed institution Aug. 11, 1928.

PATIENTS WITHIN INSTITUTIONS AND ANNUAL INCREASE 1904-1929.

Tables 4 and 5 show, respectively, the number of patients actually within public institutions and McLean hospital on September 30 of each year from 1904 to 1929 inclusive, and the annual increase for each year. It will be observed that since 1904 there has been a total increase of 12,837 patients actually occupying hospital beds, representing a percentage increase of 119.9. The average annual increase over the 26-year period is 523.

TABLE 4. — *Total Patients Within Public Institutions and McLean Hospital, September 30, 1904-1929.*¹

YEAR.	Total.	State Hospitals and McLean ² .	State Schools.
1904	10,702	9,855	847
1905	11,279	10,251	1,028
1906	11,541	10,421	1,120
1907	12,035	10,807	1,228
1908	13,010	11,678	1,332
1909	13,656	12,213	1,443
1910	14,346	12,779	1,567
1911	14,831	13,189	1,642
1912	15,547	13,702	1,845
1913	16,002	14,080	1,922
1914	16,603	14,409	2,194
1915	17,177	14,868	2,309
1916	17,848	15,266	2,582
1917	18,317	15,644	2,673
1918	18,448	15,685	2,763
1919	18,360	15,621	2,739
1920	18,712	15,892	2,820
1921	19,586	16,645	2,941
1922	19,865	17,016	2,849
1923	20,504	17,265	3,239
1924	21,179	17,719	3,460
1925	21,804	18,211	3,593
1926	22,033	18,373	3,660
1927	22,607	18,820	3,787
1928	23,128	19,216	3,912
1929	23,539	19,598	3,941

¹Includes all patients held in institutions under commitment as insane, or other forms of admission. Does not include family care cases.

²Includes Bridgewater and Tewksbury (Mental Wards).

The number of patients within institutions for the insane and McLean Hospital has shown a total increase of 9,743 since 1904, a percentage increase of 98.9. The average annual increase was 402.

The patients within State schools showed an increase of 3,094 over the 26-year period, and a percentage increase of 365.2. The average annual increase was 120.

TABLE 5. — *Annual Increase of Patients Within Institutions, 1904-1929.*¹

YEAR.	Total.	State Hospitals and McLean.	State Schools.
1904	766	719	47
1905	577	396	181
1906	262	170	92
1907	494	386	108
1908	975	871	104
1909	646	535	111
1910	690	566	124
1911	485	410	75
1912	716	513	203
1913	455	378	77
1914	601	329	272
1915	574	459	115
1916	671	398	273
1917	469	378	91
1918	131	41	90
1919	-88 ²	-64	-24
1920	352	271	81
1921	874	753	121
1922	279	371	-92
1923	639	249	390
1924	675	454	221
1925	625	492	133
1926	229	162	67
1927	574	447	127
1928	521	396	125
1929	411	382	29
Average 26 years	(523)	(402)	(120)

¹Includes all patients held in institutions under commitment as insane, or other forms of admission. Does not include family care cases. Includes Bridgewater and Tewksbury.

²Minus sign indicates decrease.

PATIENTS "ON VISIT" FROM STATE HOSPITALS, 1928 AND 1929.

Table 6 shows the total number of cases on the books of each state hospital, the total number out "on visit", and the percentage out "on visit" on September 30, for the years 1928 and 1929. Although there has been an increase in the total number of patients on the books of state hospitals, the total number out "on visit" shows a decrease of 44 in 1929, and a percentage decrease from 8.8 in 1928 to 8.4 in 1929. With the exception of the Danvers, Gardner and Medfield State Hospitals and Mental Wards at Tewksbury, there has been a decrease in the percentage of patients out on visit during the past year.

TABLE 6. — *Patients on Visit from State Hospitals on September 30, 1928 and 1929.*

INSTITUTIONS.	1928.			1929.		
	Number on Books.	Number on Visit ¹ .	Percent.	Number on Books.	Number on Visit. ¹	Percent.
Boston State Hospital	2,461	188	7.6	2,471	185	7.4
Boston Psychopathic Hospital	135	49	36.2	115	38	33.0
Danvers State Hospital	2,170	227	10.4	2,229	262	11.7
Foxborough State Hospital	1,075	118	10.9	1,098	108	9.8
Gardner State Colony	1,195	53	4.4	1,234	61	4.8
Grafton State Hospital	1,583	20	1.2	1,562	14	.8
Medfield State Hospital	1,854	54	2.9	1,910	74	3.8
Northampton State Hospital	1,558	248	15.9	1,679	256	15.2
Taunton State Hospital	1,666	197	11.8	1,684	173	10.2
Westborough State Hospital	1,621	206	12.7	1,695	192	11.3
Worcester State Hospital	2,593	358	13.9	2,565	301	11.7
Monson State Hospital	1,318	104	7.9	1,350	5	.8
Bridgewater State Farm	948	8	.8	942	5	.2
Tewksbury, Mental Wards	800	12	1.5	808	20	2.4
Total	20,977	1,842	8.8	21,342	1,798	8.4

¹Includes escapes, 250 (1928), 197 (1929). Includes all patients held in institutions (under commitment as insane or other form of admission, and non-mental cases at Monson).

The total number of patients out on visit for each year 1904-1929 inclusive is shown in Table 7. As will be observed, the percentage "on visit" has shown a steady increase from 1904-1919. There was a slight decrease then until 1922 when the percentage rose to 11.6, followed the next year by 11.7. Since 1924 there has been a steady decrease until 1929, when the percentage was 8.3*.

TABLE 7. — *Number of Insane Patients on Visit from State Hospitals, and Total Patients on Books 1904-1929.*¹

YEAR.	Total on Books.	Number of Patients on Visit. ²	Percentage.
1904	9,553	248	2.6
1905	10,076	400	3.9
1906	10,505	641	6.1
1907	10,904	693	6.3
1908	11,594	556	4.7
1909	12,117	584	4.8
1910	12,663	643	5.1
1911	13,179	845	6.4
1912	13,558	787	5.8
1913	14,092	719	6.5
1914	14,546	969	6.7
1915	15,415	992	6.4
1916	15,967	1,254	7.8
1917	16,302	1,328	8.1
1918	16,811	1,775	10.5
1919	16,866	1,902	11.2
1920	17,067	1,873	10.9
1921	17,654	1,800	10.2
1922	18,327	2,131	11.6
1923	18,615	2,184	11.7
1924	18,868	2,045	10.8
1925	19,330	2,035	10.5
1926	19,386	1,932	9.9
1927	19,615	1,745	8.9
1928	20,058	1,746	8.7
1929	20,349	1,699	8.3

¹All classes on books of State Hospitals, Tewksbury and Bridgewater, excluding inebriates at Foxboro, sane epileptics at Monson, and patients in family care under the Department.

²Includes escapes (197 for the year 1929).

FAMILY CARE UNDER INSTITUTION TRUSTEES AND UNDER DEPARTMENT, 1929.

During 1929, 112 new cases were admitted to family care under the authority of the trustees of the various state hospitals, (Table 8). This is an increase of three from the previous year. At the beginning of the statistical year (October 1, 1928), there were 138 patients in family care, while at the close of the year (September 30, 1929) there were 153 patients remaining. No new cases were admitted to family care under the Department of Mental Diseases during 1929. At the beginning of the statistical year there were 19 cases, and at the end of the year there were 17 cases remaining in family care under the Department. Two cases were discharged.

*Prior to 1917 patients were kept "on visit" indefinitely. That year the Commissioner outlined the policy of discharging patients at the end of one year, and this may be partially responsible for a gradual reduction in numbers "on visit" during succeeding years. That is, patients are no longer carried "on visit" indefinitely but discharged. This increases the discharges and reduces the number of cases on visit.

TABLE 8.— *Family Care under Institution Trustees and under Department during 1929.*

INSTITUTIONS	Number of Patients under Care September 30, 1928.			Admitted within the year.			Number of Patients remaining September 30, 1929.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Worcester	1	12	13	—	3	3	1	10	11
Taunton	—	6	6	—	1	1	—	5	5
Northampton	—	6	6	—	1	1	—	7	7
Danvers	1	17	18	—	7	7	—	16	16
Westborough	9	16	25	2	9	11	10	16	26
Boston State	—	7	7	—	2	2	—	7	7
Grafton	—	8	8	—	9	9	—	11	11
Medfield	—	10	10	—	3	3	—	8	8
Gardner	17	28	45	10	66	76	12	50	62
Total for Hospitals Under Department	28	110	138	12	100	112	23	130	153
	—	19	19	—	—	—	—	17	17
Total	28	129	157	12	100	112	23	147	170

The annual cost for the care of patients in family care under the Department is shown in Table 9, together with similar costs for the preceding year. The cost for patients boarded out under the supervision of the various institutions is borne by the individual institution.

TABLE 9.— *Annual Cost of Family Care Patients under the Department of Mental Diseases, 1928-1929.*

	Fiscal Year Ending.	
	Nov. 30, 1928.	Nov. 30, 1929.
Payments for board	\$4,785.63	\$3,747.24
Average number of patients, exclusive of private patients	21.09	17.73
Weekly per capita cost of board	4.36	4.05
Payments for extra clothing, not included in board rate	—	—
Payments for medical attendance, etc., not included in board rate	20.64	18.00
Weekly per capita cost of such expenses, outside of board rate	.02	.02
Weekly per capita cost of support, (being cost of board, clothing, medical attendance, etc.)	4.38	4.07
Payments for supervision (being transportation, salaries and expenses of visitors.)	\$2,373.77	\$2,378.93
Average number of patients	22.09	18.73
Weekly per capita cost of supervision	2.06	2.42
Weekly per capita cost of support and Supervision	6.44	6.49

EX-SERVICE MEN IN STATE HOSPITALS, 1928 AND 1929.

On September 30, 1928 there were 387 ex-service men in state hospitals, while on September 30, 1929 there were 421 (Table 10). The daily average number on the books during the last statistical year was 416.42, while the daily average number actually cared for during the year was 356.82.

TABLE 10. — *Number of Ex-Service Men on the Books of State Hospitals, September 30, 1928 and 1929.*

	ALL HOSPITALS.					
	1928.			1929. ¹		
	M.	F.	T.	M.	F.	T.
Number of ex-service men on books, September 30	387	—	387	414	7	421
Daily average number on books during year	408.18	1	409.18	409.07	7.35	416.42
Daily average number actually in hospitals during year	392.97	1	393.97	350.46	6.36	356.82

¹Includes Bridgewater and Mental Wards, Tewksbury.

LEGAL FORMS OF ADMISSION TO HOSPITALS FOR MENTAL DISEASES AND EPILEPSY.

For the convenience of those unfamiliar with the legal procedure in admitting patients to Massachusetts State Hospitals, the following paragraphs are inserted to describe the outline of the legal forms in use at the present time.

1. Commitment of Insane: Sec. 51, Chap. 123, G. L.
 - a. Application.
 - b. Medical certificate by two physicians graduated from a legally chartered medical school or college and in actual practice for three years last preceding the making of the oath.
 - c. Order of commitment by justice of the Superior Court in any county and either of the judges of Probate for Suffolk County, the judge of Probate for Nantucket County, or a justice or *special* justice of a district court.
2. Commitment for Observation: Sec. 77, Chap. 123, G. L.
 - a. Application.
 - b. Medical certificate by two qualified physicians.
 - c. Order of commitment for thirty-five days by judge.
 - d. Report of Hospital Superintendent to judge relative to commitment from observation.
 - e. If insane, after observation, commitment by judge.
 - f. Discharge by superintendent if not insane.
3. Temporary care of persons needing immediate care and treatment because of mental derangement other than drunkenness: Sec. 79, Chap. 123, G. L. as amended by Chap. 222, Acts of 1929.
 - a. Commitment limited to ten days.
 - b. Application may be made by a physician, member of the board of health, sheriff, deputy sheriff, member of the state police, selectmen, police officer of a town, or by an agent of the institutions department of Boston.
4. Commitment of persons violently insane without order of the Court: Emergency admission Sec. 78, Chap. 123, G. L.
 - a. Certificate of two qualified physicians.
 - b. Period of detention five days.
 - c. Applicant responsible for commitment or removal within five days.
5. Voluntary admission: Sec. 86, Chap. 123, G. L.
 - a. For admission of insane persons, inebriates or narcotic addicts on a voluntary basis, who make written application therefore and are mentally competent to make the application.
 - b. Cannot be detained for more than three days after having given three days' written notice of intention to leave.

6. Commitment of persons under complaint or indictment: Sec. 100, Chap. 123, G. L.
 - a. Commitment pending the determination of insanity, under such limitations as the court may order.
 - b. Report of Hospital Superintendent to the court when patient is restored to sanity and return of patient to custody of court from which he was removed.
7. Commitment of persons acquitted of murder, etc., by reason of insanity: Sec. 101, Chap. 123, G. L.
 - a. Committed to State Hospital for life.
 - b. Discharge by Governor upon recommendation of Department of Mental Diseases.
8. Examination of alleged insane prisoners in the State Prison, Massachusetts Reformatory, Prison Camps and Hospital, Reformatory for Women, by psychiatrists designated by the D. M. D., Sec. 102, Chap. 123, G. L. as amended by Chap. 213, Acts of 1929.
9. Removal of insane prisoners to state hospitals committed under Sec. 102; Sec. 103, Chap. 123, G. L.
 - a. Removal of insane prisoner to Bridgewater State Hospital if a male, or one of the state hospitals, if a female.
 - b. Report of hospital superintendent to court if in his judgment patient should be returned to prison.
10. Commitment of insane prisoners under sentence in jail, house of correction, or prison other than those named in Sec. 102; — Sec. 104, Chap. 123, G. L.
 - a. Report of physician to jailer regarding insanity of prisoner.
 - b. Transmitting of above report to judge.
 - c. Removal of insane prisoners to state hospitals.
11. Commitment of insane epileptics: Sec. 69, Chap. 123, G. L.
 - a. Commitment to Monson State Hospital of insane epileptics if not criminal, inebriate or violently insane.
 - b. Commitment to Monson State Hospital of dangerous epileptics, in the manner provided for the commitment of dipsomaniacs and inebriates.
12. Voluntary admission of epileptics to Monson State Hospital: Sec. 87, Chap. 123, G. L.
 - a. Certificate of epilepsy by physician.
 - b. Written application of patient who is mentally competent to make the application.
 - c. Cannot be detained more than three months after having given written notice of intention to leave.

For purposes of statistical treatment, the various modes of admission have been classified under four headings:

1. *Regular Court Commitment.* — Under regular commitment are included commitments under Sec. 51; Regular commitment from observation, 77; 101 (as amended by Sec. 3, Chap. 467, Acts of 1923); 103, 104 and 69; Chap. 123, G. L.; and Sec. 62 (as amended by Sec. 4, Chap. 535, Acts of 1922).

2. *Observation.* — Observation cases are patients admitted under authority of Sec. 100, Chap. 123, G. L.; and Sec. 77, Chap. 123, G. L. as amended by Chap. 19, Acts of 1924.

3. *Temporary Care.* — Under temporary care commitments are included Sections 55, 78, 79, 80 and 84, Chap. 123, G. L.; Chap. 307, Acts of 1910; and Chap. 142, Acts of 1918.

4. *Voluntary.* — Voluntary cases are patients admitted under authority of Sec. 86, Chap. 123, G. L.; as amended by Chap. 132 of the Acts of 1926; and Sec. 87, Chap. 123, G. L.

Section B. All Admissions to Mental Hospitals during 1929.

The following section discusses data in reference to regular court admissions, temporary care admissions, observation admissions and voluntary admissions to

State hospitals during 1929. The discussion of all readmitted cases is included in this section.

COURT FIRST ADMISSIONS AND READMISSIONS 1928 AND 1929.

During 1929, a total of 3,663 patients were admitted under regular commitment as insane to the state hospitals and McLean (Table 11). Of these, 3,005 or 82 per cent were first admissions, and 658 or 18 per cent were readmissions. There was a decrease of 178 in the total admissions during 1929, comprising a decrease of 134 first admissions and 44 readmissions. The most obvious decreases in the first admissions and readmissions during the year were for the Foxborough, Psychopathic and Monson State Hospitals, each of which showed a significant decrease in total admissions by regular court commitment. The total admission rate for 1929 was 84 per 100,000 of the estimated population of the State (July 1, 1929). The first admission rate was 69, and the readmission rate was 15.

TABLE 11.—*First Admissions and Readmissions by Court Commitment to State Hospitals and McLean Hospital, 1928 and 1929, by Hospitals.*¹

HOSPITALS.	TOTAL ADMISSIONS.		FIRST ADMISSIONS.		READMISSIONS.	
	1928.	1929.	1928.	1929.	1928.	1929.
Boston State	492	503	411	425	81	78
Boston Psychopathic	187	139	168	122	19	17
Danvers	586	569	470	452	116	117
Foxborough	248	166	193	139	55	27
Gardner	94	91	78	73	16	18
Grafton	31	25	24	21	7	4
Medfield	140	143	97	104	43	39
Northampton	471	483	391	397	80	86
Taunton	436	425	367	350	69	75
Westborough	406	436	319	347	87	89
Worcester	475	483	402	412	73	71
Monson (epileptic) ²	94	10	78	10	16	—
Bridgewater	46	57	30	44	16	13
Tewksbury	51	55	47	53	4	2
McLean	84	78	64	56	20	22
Total	3,841	3,663	3,139	3,005	702	658

¹For forms of admission included under regular court commitment as insane, see Page 107.

²Includes 24 first admissions and 14 readmissions committed on R. C. 69, Sane Dangerous, at Monson, for 1928.

FIRST COURT COMMITMENTS 1904-1929, INCLUSIVE.

The total number of regular court first admissions to all public and private hospitals for the insane and epileptic is shown for the period 1904 to 1929 inclusive, in Table 12. The first regular court admissions, when studied over a period of years, probably give the best rough index of the magnitude of mental disease throughout the State. Although there was some fluctuation over the 26-year period, the general trend has remained somewhat stationary, and rather indicates that there is no perceptible increase in mental diseases in this State.

TABLE 12. — *First Court Commitments to Public and Private Hospitals for the Insane and Epileptic 1904-1929.*¹

YEAR.	TOTAL ALL HOSPITALS.		State Hospitals.	McLean.	Private. ²
	Number.	Rate per 100,000 General Population. ⁷			
1904	3,160	80.9	2,337	89	28
1905	2,237	72.4	2,136	72	29
1906	2,120	67.3	1,990	87	43
1907	2,463	76.8	2,286	128	49
1908	2,555	78.3	2,383	108	64
1909	2,536	76.5	2,340	111	85
1910	2,677	79.4	2,470	112	95
1911	2,680	78.4	2,459	106	115
1912	2,772	79.9	2,562	98	112
1913	3,247	92.6	3,024	84	139
1914	3,112	87.1	2,925	61	126
1915	3,264	90.6	3,087	60	117
1916	3,323	87.8	3,109	76	138
1917	4,315 ³	82.6 ⁴	4,097 ³	62	156
1918	3,894 ³	72.5 ⁴	3,702 ³	64	128
1919	4,011 ³	78.8 ⁴	3,752 ³	64	195
1920	3,009	77.6	2,768	51	190
1921	3,310	84.5	3,054	45	211
1922	3,508	88.4	3,325	31	152
1923	3,006	75.0	2,786	50	170
1924	3,208	78.8	2,879	53	274
1925	3,134	77.4	2,902	63	169
1926	3,071	73.5	2,826	70	175
1927	2,953	69.8	2,765	73	125
1928	3,423	80.3	3,075 ⁶	64	284 ⁵
1929	3,218	73.4	2,949	56	213

¹For cases included under regular court commitment see Page 107.²Includes U. S. Veterans' Hospitals No. 95 and No. 107.³Includes Temporary Care Admissions.⁴Estimated, less Temporary Care Admissions.⁵Increase due to U. S. Veterans' Hospital No. 107 becoming a licensed institution August 11, 1928.⁶Includes 24 first admissions on court commitment, R. C. 69 Sane Dangerous, at Monson State Hospital for 1928.⁷Population estimated for intercensal years.

TEMPORARY CARE ADMISSIONS, 1929.

Table 13 shows the total first admissions and readmissions under temporary forms to State Hospitals and McLean during 1929. There was a decrease of one in the numbers admitted between 1928 and 1929. The total for the former year was 1,735, and for the latter year, 1,734. One thousand four hundred and twenty-two cases or 81.9 per cent were admitted under this status for the first time, and 312 or 18.0 per cent were readmitted. The rate per 100,000 of the estimated population of the State (July 1, 1929) for all admissions under temporary care is 39; for first admissions 32; and for readmissions 7.

TABLE 13.—*First Admissions and Readmissions of Temporary Care Cases, 1929, by Hospitals.*¹

HOSPITALS.	Total Admissions.	First Admissions.	Readmissions.
Boston State	61	50	11
Boston Psychopathic	1,508	1,227	281
Danvers	60	53	7
Foxborough	11	11	—
Gardner	15	12	3
Grafton	2	2	—
Medfield	9	8	1
Northampton	23	23	—
Taunton	21	17	4
Westborough	2	2	—
Worcester	20	16	4
Monson (epileptic)	2	1	1
Bridgewater	—	—	—
Tewksbury	—	—	—
Total	1,734	1,422	312

¹For forms of admission included under Temporary Care see Page 107. Includes only temporary care cases not followed by regular commitment.

OBSERVATION ADMISSIONS, 1929.

The total cases admitted to State Hospitals during 1929 under observation status is 495 (Table 14). This is an increase of 37 over the previous year. Three hundred forty-seven cases, or 70 per cent of the total, were admitted under observation for the first time, while 148 or 30 per cent were readmitted. The rate per 100,000 of the estimated population of the State (July 1, 1929) is 11 for total admissions; 8 for first admissions and 3 for readmissions.

TABLE 14.—*First and Readmissions of Observation Cases, 1929, by Hospitals.*¹

HOSPITALS.	Total Admissions.	First Admissions.	Readmissions.
Boston State	63	17	46
Boston Psychopathic	166	131	35
Danvers	59	43	16
Foxborough	15	10	5
Gardner	5	4	1
Grafton	1	—	1
Medfield	7	4	3
Northampton	30	29	1
Taunton	38	35	3
Westborough	33	9	24
Worcester	68	61	7
Monson (epileptic)	—	—	—
Bridgewater	10	4	6
Tewksbury	—	—	—
Total	495	347	148

¹For forms of admissions included under commitment for observation, see page 107. Includes only observation cases not followed by regular commitment.

VOLUNTARY ADMISSIONS, 1929.

Table 15 shows the first admissions and readmissions of voluntary care cases to State Hospitals during the year 1929. The total patients admitted under this status is 226, an increase of 10 over the preceding year; 158 cases, or 70 per cent, were first admissions, and 68 cases, or 30 per cent, were readmissions.

TABLE 15. — *First Admissions and Readmissions of Voluntary Cases, 1929, by Hospitals.*¹

HOSPITALS.	Total Admissions.	First Admissions.	Readmissions.
Boston State	—	—	—
Boston Psychopathic	56	39	17
Danvers	—	—	—
Foxborough	2	1	1
Gardner	6	5	1
Grafton	—	—	—
Medfield	2	—	2
Northampton	10	4	6
Taunton	1	—	1
Westborough	6	3	3
Worcester	5	3	2
Monson (epileptic)	138	103	35
Bridgewater	—	—	—
Tewksbury	—	—	—
Total	226	158	68

¹For forms of admission included under Voluntary commitment see page 107.

VOLUNTARY ADMISSIONS TO PUBLIC AND PRIVATE INSTITUTIONS, 1911—1929.

The voluntary care admissions and the rate per 100,000 of the estimated population of the state for each year 1911 to 1929 inclusive, is shown in Table 16. There has been considerable fluctuation in this form of admission since 1911, due largely to administrative and legal restrictions. During the statistical year 1929 there were 448 voluntary admissions to public and private institutions.

TABLE 16. — *Voluntary Care Admissions to Public and Private Institutions, 1911—1929.*¹

[Rate per 100,000 per estimated population of State.]

YEAR.	Number.	Rate.	YEAR.	Number.	Rate.
1911	359	10.52	1921	805	20.58
1912	414	11.96	1922	813	20.53
1913	788	22.45	1923	304	7.56
1914	931	26.15	1924	403	10.00
1915	963	26.67	1925	330	8.00
1916	765	20.60	1926	341	8.15
1917	895	24.12	1927	416	9.83
1918	865	23.00	1928	419	9.70
1919	880	23.09	1929	448	10.22
1920	641	16.60			

¹For all institutions for the insane and epileptic, both public and private.

LEGAL STATUS OF ALL COURT ADMISSIONS.

Table 17 shows the legal status of all regular court first admissions to State Hospitals and McLean during the year 1929. Of the total of 3,005 regular court admissions, 1,716 or 57.2 per cent were admitted outright under regular court commitment; 817 or 27.2 per cent had been held under a temporary care status immediately preceding the court commitment; 88 or 2.8 per cent had been held under a temporary care and observation form of admission preceding the regular commitment; 360 or 12 per cent had been admitted under observation immediately preceding the regular commitment; and 24 or .8 per cent had had one or more short term forms of other types preceding the regular court commitment.

TABLE 17. — *Legal Status of All Court Admissions to State Hospitals and McLean for the Year Ended September 30, 1929.*¹

FORMS OF ADMISSION ² .	FIRST ADMISSIONS.		READMISSIONS.	
	Number.	Percent- age.	Number.	Percent- age.
Regular Court	1,716	57.2	320	48.5
Temporary Care and Court	817	27.2	268	40.8
Temporary Care, Observation, Court	88	2.8	14	2.2
Observation and Court	360	12.0	50	7.6
Others and Court	24	.8	6	.9
Total	3,005	100.0	658	100.0

¹Includes Bridgewater and Tewksbury.²For forms of admission included under these headings see page 107.

In the readmissions, 320 or 48.5 per cent were admitted outright on regular court commitment. Two hundred sixty-eight, or 40.8 per cent were preceded by a temporary care admission; 14, or 2.2 per cent were preceded by a temporary care and observation admission; 50, or 7.6 per cent had an observation admission only; and 6, or .9 per cent had some other short term form of admission preceding the regular court commitment. In both the first and readmission cases, the various forms noted previous to the regular court admission immediately preceded the latter status without the patient having left the hospital. The forms of admission as shown in Table 17 indicate the general procedure which is typical to all institutions in admitting patients on regular commitment.

LEGAL STATUS OF ALL CASES ADMITTED FOR FIRST TIME DURING 1929.

Table 18 gives the percentage distribution of legal status of the total of 5,022 cases admitted for the first time to a State Hospital for mental diseases during 1929. In considering the total for all institutions, we see that the regular court commitment was used more than any other form, as 34.8 per cent of all cases admitted entered the hospital by this means. Temporary care was second, 27.2 per cent of cases being admitted by this means. The combination of temporary care and court commitments was used in 16.7 per cent of cases; observation and court commitment, 7.1 per cent; observation commitment alone 4.8 per cent. Voluntary admissions, 2.6 per cent, were next in order of importance. The following institutions had the largest proportion of patients sent to them through regular court commitment; Grafton State Hospital, 73.9 per cent; Westborough State Hospital, 73.4 per cent; and Medfield State Hospital, 56.8 per cent. The following institutions had this commitment form used in the smallest proportion of admissions; Worcester State Hospital, 43.9 per cent; Danvers State Hospital, 37.0 per cent; and Monson State Hospital, 22.9 per cent.

TABLE 18. — *Legal Status of All Cases Admitted for the First Time to State Hospitals for Mental Diseases, 1929, by State Hospital; Percentage Distribution.*

LEGAL STATUS	TOTAL.		BOSTON STATE.		BOSTON PSYCHOPATHIC.		DANVERS.		FOXBOROUGH.		GARDNER.	
	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent
Court	1,749	34.83	253	51.43	—	—	203	37.04	78	48.45	45	47.87
Temporary Care	1,369	27.26	49	9.96	1,167	76.83	53	9.67	11	6.43	12	12.71
Observation	243	4.84	9	1.83	110	7.24	22	4.01	4	2.48	—	—
Voluntary	134	2.67	—	—	6	.39	—	—	1	.62	3	3.19
Temporary Care and Court	842	16.77	133	27.03	95	6.26	192	35.04	29	18.01	25	26.59
Temporary Care, Observation and Court	88	1.75	3	.61	12	.79	10	1.83	4	2.49	—	—
Observation and Court	361	7.19	32	6.51	—	—	47	8.58	26	16.15	2	2.13
Others and Court	25	.49	4	.81	15	.99	—	—	—	—	1	1.07
Other Combinations	211	4.20	9	1.83	114	7.50	21	3.83	8	4.97	6	6.38
Total	5,022	100.00	492	100.00	1,519	100.00	548	100.00	161	100.00	94	100.00

LEGAL STATUS	CRAFTON.		MEDFIELD.		NORTHAMPTON.		TAUNTON.		WESTBOROUGH.		WORCESTER.		MONSON.	
	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent
Court	17	73.91	66	56.89	251	55.41	196	48.76	265	73.41	216	43.90	31	22.96
Temporary Care	2	8.69	8	6.89	24	5.29	17	4.23	2	.55	16	3.26	1	.74
Observation	—	—	2	1.72	23	5.88	25	6.22	7	1.94	37	7.52	—	—
Voluntary	—	—	—	—	4	.89	—	—	2	.56	2	.41	102	75.56
Temporary Care and Court	1	4.35	29	25.00	108	3.84	84	20.89	11	3.05	76	15.45	—	—
Temporary Care, Observation and Court	—	—	2	1.72	5	1.10	4	.99	8	2.21	39	7.89	—	—
Observation and Court	3	13.05	6	5.18	33	7.29	66	16.42	63	17.45	80	16.28	—	—
Others and Court	—	—	1	.87	—	—	—	—	—	—	1	.21	—	—
Other Combinations	—	—	2	1.73	5	1.10	10	2.49	3	.83	25	5.08	1	.74
Total	23	100.00	116	100.00	453	100.00	402	100.00	361	100.00	492	100.00	135	100.00

In the use of the temporary care form of admission, the Boston Psychopathic Hospital showed the highest figure, with 76.8 per cent of cases admitted on this form. Gardner State Colony with 12.7 per cent, and Boston State Hospital with 9.9 per cent, followed in order. Westborough State Hospital with .55 per cent, Monson State Hospital with .74 per cent, and Worcester State Hospital with 3.26 per cent, used the temporary care form the least of any of the institutions.

In the use of the combination of temporary care and court commitment Danvers State Hospital stood first with 35.0 per cent. There followed in order the Boston State Hospital with 27.0 per cent, Gardner State Colony with 26.5 per cent, and Medfield State Hospital with 25.0 per cent. This combination was used the least by Westborough State Hospital, with 3.0 per cent, Northampton State Hospital with 3.8 per cent, and Grafton State Hospital, with 4.3 per cent.

LEGAL STATUS OF ALL CASES READMITTED DURING 1929.

Table 19 gives the percentage distribution of legal status of all cases readmitted to State Hospitals for mental diseases during 1929. In considering the total for all institutions, we observe that the regular court commitment was used more than any other form, 27.0 per cent of all readmissions entering the hospital by this means. The combination of temporary care admission and court commitment was second, 24.7 per cent. Temporary care admission alone was used in 23.4 per cent of cases; observation commitment alone in 9.8 per cent; voluntary commitment alone in 5.9 per cent; while temporary care and observation commitment, followed by court commitment was used the least, 1.0 per cent.

In the following table we see a comparison between the percentage distribution in legal status of all cases admitted for the first time and all readmissions to State Hospitals for mental diseases during 1929:

PERCENTAGE DISTRIBUTION OF LEGAL STATUS OF ALL CASES ADMITTED FOR THE FIRST TIME AND ALL READMISSIONS, 1929.

	All Cases Admitted For First Time	All Readmitted Cases
Court Commitment	34.83	27.05
Temporary Care	27.26	23.42
Observation	4.84	9.88
Voluntary	2.67	5.95
Temporary Care and Court Commitment	16.77	24.72
Temporary Care, Obs. and Court Commitment	1.75	1.09
Observation and Court Commitment	7.19	3.94
Others and Court Commitment	.49	.54
Other Combinations	4.20	3.41
Total	100.00	100.00

In theory we might say that the regular court commitment was created for the purpose of placing a patient in a mental hospital when there was little doubt about his mental condition, and that the temporary care forms were theoretically evolved to meet the needs of the case in which there was a doubt as to the mental status of the patient. With this thought in mind, it is interesting to compare the forms of admission which are used by physicians in having cases admitted to our institutions. That is, we wish to compare the forms which have been used when the patient was admitted for the first time as compared with the forms used when he was readmitted. We would expect that the physicians would have less difficulty in determining the proper commitment form to be used in a readmission than in a first admission, and yet we observe that court commitment was used less in committing readmissions than first admissions. We observe that the regular court form was used in 27.0 per cent of readmissions, and in 34.8 per cent of first admissions. Again in considering the combination of temporary care admissions followed by court commitment, we see that the combination was used

TABLE 19. — *Legal Status of All Cases Readmitted to State Hospitals for Mental Diseases, 1929, by State Hospital; Percentage Distribution.*

LEGAL STATUS	TOTAL.		BOSTON STATE.		BOSTON PSYCHOPATHIC.		DANVERS.		FOXBOROUGH.		GARDNER.	
	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent
Court	350	27.05	37	27.41	—	—	41	29.28	14	42.43	8	34.78
Temporary Care	303	23.42	11	8.15	269	76.86	7	5.00	—	—	3	13.04
Observation	128	9.88	43	31.85	31	8.86	10	7.14	4	12.12	1	4.35
Voluntary	77	5.95	—	—	13	3.71	—	—	1	3.03	1	4.35
Temporary Care and Court	320	24.72	36	26.67	12	3.43	67	47.86	8	24.24	6	26.08
Temporary Care, Observation and Court	14	1.09	1	7.4	3	.86	3	2.14	—	—	—	—
Observation and Court	51	3.94	4	2.96	—	—	6	4.29	4	12.12	2	8.70
Others and Court	7	.54	—	—	2	.57	—	—	—	—	2	8.70
Other Combinations	44	3.41	3	2.22	20	5.71	6	4.29	2	6.06	—	—
Totals	1,294	100.00	135	100.00	350	100.00	140	100.00	33	100.00	23	100.00

LEGAL STATUS	GRAFTON.		MEDFIELD.		NORTHAMPTON.		TAUNTON.		WESTBOROUGH.		WORCESTER.		MONSON.	
	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent
Court	3	60.00	16	35.56	48	51.61	33	39.76	70	60.34	32	38.10	15	28.85
Temporary Care	—	—	1	2.22	—	—	4	4.82	—	—	4	4.76	—	1.92
Observation	1	20.00	3	6.67	1	1.08	—	—	24	20.69	4	4.76	1	1.92
Voluntary	—	—	1	2.22	6	6.45	34	40.96	2	1.73	2	2.38	35	67.31
Temporary Care and Court	—	—	19	42.22	37	39.78	6	5.17	6	5.17	24	28.57	1	1.92
Temporary Care, Observation and Court	—	—	—	—	2	2.41	2	2.41	1	.86	4	4.76	—	—
Observation and Court	1	20.00	4	8.89	1	1.08	6	7.23	10	8.62	11	13.10	—	—
Others and Court	—	—	—	—	—	—	2	2.41	2	1.73	—	—	—	—
Other Combinations	—	—	1	2.22	—	—	4	4.82	1	.86	3	3.57	—	—
Total	5	100.00	45	100.00	93	100.00	83	100.00	116	100.00	84	100.00	52	100.00

in 24.7 per cent of readmissions, and in a smaller proportion of first admissions, 16.7 per cent. In cases sent to mental hospitals for observation, we would expect a greater use of this form in first admissions, and yet we observe that the observation form was used in 9.8 per cent of readmissions, and in but 4.8 per cent of first admissions. Again in considering the voluntary form of admission, we see that the readmissions used this form in 5.9 per cent of cases, while first admissions used it in the proportion of 2.6 per cent. However, in two forms of admission, we see the theoretical use of forms being carried out as would be expected. In the use of temporary care admissions we see this was used in 27.2 per cent of first admissions, and 23.4 per cent of readmissions. The combination of observation admission and court commitment was used in 7.1 per cent of first admissions and 3.9 per cent of readmissions.

NUMBER OF TIMES ADMITTED, ALL COURT COMMITMENTS.

In considering all regular court commitments for any one statistical year, it is evident that the majority of cases comprise individuals who are admitted for the first time. Table 20 shows that the number of cases admitted for the first time comprise 3,046, or 80.9 per cent of the total admitted under this status during 1929;¹ 8.0 per cent were admitted for the second time; 5.3 per cent for the third time; 2.2 per cent for the fourth time; and 1.4 per cent for the fifth time. It is observed that .2 per cent had their tenth or higher admission during the year. Roughly, we may say that 81 per cent of all admissions are first admissions, and 19 per cent are readmissions for this one year. The average number of times admitted was 1.45 for both sexes; for males, 1.48, and for females, 1.41. This shows a slight tendency for the females to make up a greater proportion of the first admissions, and, inversely, for the males to make up a greater proportion of the readmissions.

TABLE 20. — *Number of Times Admitted, All Court Commitments, 1929; Percentage Distribution.*¹

NUMBER OF ADMISSIONS.	CASES.			PERCENTAGE.		
	M.	F.	T.	M.	F.	T.
One	1,573	1,473	3,046	79.8	81.7	80.9
Two	156	148	304	7.9	8.2	8.0
Three	115	85	200	5.8	4.6	5.3
Four	51	34	85	2.6	1.9	2.2
Five	30	21	51	1.5	1.2	1.4
Six	26	21	47	1.4	1.2	1.2
Seven	9	7	16	.5	.4	.4
Eight	4	7	11	.2	.4	.3
Nine	1	3	4	—	.2	.1
Ten or more	6	3	9	.3	.2	.2
Total	1,971	1,802	3,773	100.0	100.0	100.0
Average	1.48	1.41	1.45			

¹All First admissions and readmissions by Court Commitment. Includes all State Hospitals, Bridge-water, Tewksbury, McLean, Veterans' Hospital No. 107 (Bedford) and Veterans' Hospital No. 95 (Northampton).

AVERAGE NUMBER OF TIMES ADMITTED, ALL COURT COMMITMENTS.

Table 21 gives the average number of times admitted for all admissions during the year, by psychoses. This table reveals to us the tendency for readmission, which is exhibited in certain of the psychoses. We see that the highest averages for number of times admitted are as follows: manic-depressive, 2.08; undiagnosed

¹Whereas the total number of first regular court admissions to State Hospitals and McLean is 3,005, in the following tables U. S. Veterans' Hospital No. 107 at Bedford and No. 95 at Northampton are added making a grand total of 3,046 first regular court commitments; the total readmissions has increased from 658 to 727. The two Veterans' hospitals above were added to the statistical system of the Department of Mental Diseases during the statistical year 1928, and will be considered in all future analyses of the statistics on mental diseases in this State.

psychoses, 2.00; dementia praecox, 1.64; and epileptic psychoses, 1.58. The lowest averages are observed in psychoses with cerebral arteriosclerosis, 1.11; traumatic psychoses, 1.09; senile psychoses, 1.05; and psychoses with pellagra, 1.00.

TABLE 21. — *Average Number of Times Admitted, All Court Commitments, 1929; by Psychoses.*¹

PSYCHOSES.	Number	Average Number of Times Admitted.
Traumatic	11	1.09
Senile	296	1.05
With cerebral arteriosclerosis	526	1.11
General paralysis	249	1.15
With cerebral syphilis	18	1.16
With Huntington's chorea	6	1.16
With brain tumor	6	1.33
With other brain or nervous diseases	65	1.26
Alcoholic	277	1.31
Due to drugs and other exogenous toxins	15	1.20
With pellagra	4	1.00
With other somatic diseases	122	1.12
Manic-depressive	615	2.08
Involution melancholia	119	1.11
Dementia praecox	976	1.64
Paranoia or paranoid conditions	105	1.34
Epileptic psychoses	50	1.58
Psychoneuroses and neuroses	45	1.17
With psychopathic personality	37	1.45
With mental deficiency	153	1.47
Undiagnosed psychoses	30	2.00
Without psychoses	48	1.58
Total	3,773	1.45

¹All first admissions and readmissions by Court Commitment. Includes all State Hospitals, Bridgewater, Tewksbury, McLean, Veterans' Hospital No. 107 (Bedford) and Veterans' Hospital No. 95 (Northampton).

SEASONAL VARIATION IN ALL TYPES OF ADMISSIONS.

The seasonal variation in all admissions to mental hospitals including all types of admission, is shown in Table 22. In considering all types of admissions together, we see that during the last statistical year the month of admission with the highest figure is that of August, with 9.02 per cent. The month showing the fewest admissions is that of December, with 7.51 per cent.

TABLE 22. — *Seasonal Variation in Month of Admission, All Admissions, 1929, by Type of Admission; Percentage Distribution.*¹

MONTH OF ADMISSION	All Admissions. %	COURT COMMITMENT		All Temporary ² Admissions. %	All Voluntary Admissions. %
		First Admissions. %	Readmissions. %		
1928					
October	8.18	8.11	9.08	7.46	10.90
November	8.16	7.79	9.76	7.95	9.02
December	7.51	7.72	7.29	7.41	6.77
1929					
January	8.81	8.64	9.08	9.29	6.39
February	8.67	8.02	8.94	9.33	9.78
March	8.40	8.74	7.43	8.09	10.15
April	8.18	7.89	8.39	8.58	7.89
May	8.53	8.48	7.98	8.49	11.28
June	8.31	8.34	9.08	8.13	7.52
July	8.45	8.44	8.39	8.75	6.39
August	9.02	9.49	7.98	8.79	8.65
September	7.78	8.34	6.60	7.73	5.26
Total	100.00	100.00	100.00	100.00	100.00

¹Includes Bridgewater, Tewksbury, McLean, and U. S. Veterans' Hospitals Nos. 107 and 95. Excludes patients admitted to family care under the Department of Mental Diseases, and transfers.

²All forms of Temporary Care, including Observation.

The first admissions under court commitment show the highest proportion of admissions in August, 9.49 per cent, and the lowest proportion in December, 7.72 per cent. Readmissions under court commitment have November as the high month, with 9.76 per cent, and September as the low month, with 6.60 per cent. Admissions under all temporary forms have February as the high month, with 9.33 per cent, and December as the low month with 7.41 per cent. All voluntary admissions show the highest proportion during the month of May, with 11.28 per cent. The low month for this group is September, with 5.26 per cent. In considering seasonal variation, it is necessary to divide the cases into various types of admission, insofar as many different factors operate in the selection of the particular type of admission to suit the individual patient.

NATIVITY AND PARENTAGE, ALL FIRST COURT AND TEMPORARY ADMISSIONS.

Table 23 and Graph 1 show the nativity and parentage of regular court and temporary admissions for the year 1929. The foreign born comprised 28.3 per cent of the State population according to the 1920 census. Of temporary admissions during 1929, 36.1 per cent were foreign born, and 40.9 per cent of regular court admissions were foreign born. Thus we observe an excess of foreign born to the extent of 7.8 per cent in the temporary admissions and a 12.6 per cent excess in the regular court admissions.

TABLE 23.—*Nativity and Parentage of First and Temporary Admissions, 1929; Compared with State Population, 1920.*¹

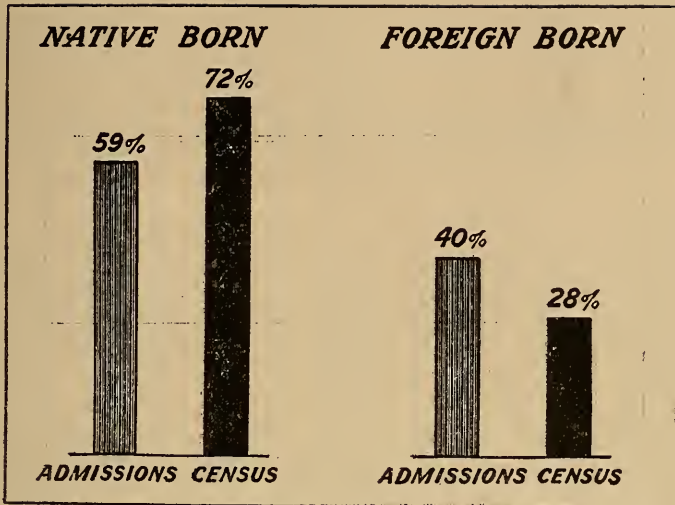
	Aggregate.	Foreign Born.	Native Born.	PARENTAGE OF NATIVE BORN.			
				Native.	Foreign.	Mixed.	Unknown.
Number Regular Court Admissions	3,046	1,247	1,799	760	591	356	92
Number Temporary Admissions ²	2,240	810	1,430	530	512	328	60
Both Types	5,286	2,057	3,229	1,290	1,103	684	152
Percentage of Total First Admissions							
Regular Court Admissions	100.0	40.9	59.1	42.4	32.8	19.7	5.1
Temporary Admissions	100.0	36.1	63.9	37.1	35.8	22.9	4.2
Both Types	100.0	38.9	61.1	40.0	34.1	21.2	4.7
State Population, U. S. Census, 1920	100.0	28.3	71.7	45.2	40.1	14.7	—

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.

²All forms of temporary care, including observation.

In regard to the native-born we see that they made up 71.7 per cent of the population in 1920. Sixty-three and nine tenths per cent of temporary admissions, and 59.1 per cent of the regular court admissions during 1929 were native-born. Thus we see a deficiency of 7.8 per cent of native-born among the temporary admissions and a deficiency of 12.6 per cent among the regular court admissions. It appears that the use of temporary admissions is largely a matter of education insofar as we note that the temporary admissions are apparently being used to a larger extent by the native-born population than they are by the foreign born population. That is, the temporary forms bringing a patient to the hospital during the earliest stages of his mental disease, are being made use of more commonly by the native-born. The regular court commitment, which is the form used in the course of the mental disorder and which carries a certain amount of compulsion in its execution, is more frequently used by the foreign born.

If we consider the parentage of the native-born only as represented in admissions to our mental hospitals and compare these with the state population, we note that both the native-born of native parents and the native-born of foreign parents are under-represented. However, the native-born of mixed parentage is decidedly over-represented in our hospital admissions for the year 1929.



GRAPH 1.—NATIVITY OF FIRST COURT ADMISSIONS, 1929, COMPARED WITH POPULATION OF MASSACHUSETTS. (U. S. CENSUS 1920)

ADMISSION AGES OF NATIVE AND FOREIGN BORN FIRST COURT ADMISSIONS.

Table 24 shows the percentage distribution of ages of all first regular admissions during 1929, by nativity, parentage and sex. The average age of all first admissions is 48.4 years; 47.8 for males, 49.0 for females. This is an increase over the average age of first admissions in 1928, the average for the latter year being 46.7 years; 46.6 for males and 46.9 for females.

TABLE 24 — *Ages of First Admissions, 1929, by Nativity and Parentage; Percentage Distribution.*¹

AGE GROUPS.	AGGREGATE.			NATIVE BORN.															FOREIGN BORN.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
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Under 15 years	4	6	5	7	1.5	.9	8	1.0	4.2	9	1.9	1.1	.5	1.2	.8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

¹ Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.

There is a difference of seven years between the average ages of the native-born and foreign born male first admissions, 45.0 for male native-born as compared with 52.0 for male foreign born. The difference between the female native and foreign born first admissions is 5 years, 47.0 for the native-born and 52.1 for foreign born females. For both sexes together the difference in ages approximates 7 years, being 45.8 for native-born and 52.1 for foreign born. It will be observed in Table 24 that the greater percentage of admissions of the native-born occur between the ages 20 to 29 years. For the foreign born, the greater percentage of admissions is somewhat higher, occurring between the ages of 35 and 44 years.

ADMISSION AGES OF NATIVE AND FOREIGN BORN, ALL TEMPORARY ADMISSIONS.

The average age in years of the 2,240 temporary admissions during 1929 is 38.0 for both sexes (Table 25). This is slightly lower than the average age of 38.6 years for 1928. When compared with first admissions however, there is a difference of 10 years between all temporary admissions (38.0 years) and first regular admissions (48.4 years). We find here too, that the foreign born have a higher average age at admission than the native-born, the difference being 9 years. The greater percentage of admissions of the native-born occur between the years 15 and 25, suggesting that admissions on a temporary care status occur approximately 5 years earlier than admissions on regular court commitment. The greater percentage of temporary admissions of the foreign born occurred in the same ages as in first regular admissions, between 35 and 45 years.

TABLE 25. — *Ages of All Temporary Admissions, 1929, by Nativity and Parentage; Percentage Distribution.*¹

AGE GROUPS.	AGGREGATE.			NATIVE BORN.												FOREIGN BORN.		
	TOTAL.			NATIVE.						MIXED.						UNKNOWN.		
				FOREIGN.			M.			M.			M.			M.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 15 years . . .	2.9	2.3	2.7	3.9	5.8	3.4	4.7	3.9	2.5	3.3	3.0	6.1	4.5	2.6	1.7	4.4	.3	.4
15-19 years . . .	7.8	13.9	10.4	14.4	9.9	19.6	14.3	9.9	18.0	13.3	13.2	22.1	16.7	7.9	13.3	2.7	4.6	3.5
20-24 years . . .	11.1	9.5	10.5	13.8	11.2	7.7	9.7	19.9	17.2	18.8	13.7	16.0	14.8	7.9	5.0	4.0	4.6	4.3
25-29 years . . .	10.2	10.4	10.3	12.7	11.2	11.0	11.0	15.7	13.8	14.8	11.7	9.2	10.5	18.4	13.7	4.7	8.2	6.3
30-34 years . . .	11.8	9.6	10.9	11.3	8.8	8.5	8.6	15.3	13.8	12.3	17.3	8.4	14.0	7.9	13.7	9.7	11.5	10.4
35-39 years . . .	11.5	14.4	12.9	13.8	11.3	8.8	11.9	9.4	15.7	11.9	11.2	13.7	12.1	5.3	13.7	15.3	15.6	15.4
40-44 years . . .	11.9	10.9	11.3	8.9	10.8	11.6	11.0	8.9	5.8	7.6	8.2	17.6	7.0	5.3	9.0	17.1	15.0	16.3
45-49 years . . .	9.1	9.9	9.6	6.9	9.3	10.2	9.7	5.9	3.8	4.7	7.1	6.8	5.3	10.5	4.6	13.3	14.5	13.8
50-54 years . . .	7.8	6.3	7.0	5.6	6.1	5.5	5.9	4.6	6.2	5.3	5.6	5.3	5.3	10.5	4.6	11.7	7.1	9.6
55-59 years . . .	6.5	5.9	6.4	4.8	8.6	4.8	6.6	1.3	6.2	3.3	5.0	1.5	3.6	10.5	9.0	9.5	7.9	8.8
60-64 years . . .	3.5	2.5	3.0	2.4	4.0	.8	2.7	3.3	1.4	2.5	2.0	—	1.2	7.9	9.0	3.6	4.6	4.3
65-69 years . . .	2.4	1.9	2.1	1.7	1.3	2.1	1.7	.9	.5	.8	1.5	.9	.9	7.9	—	3.6	2.7	3.2
70-74 years . . .	1.8	1.6	1.7	1.0	1.3	—	1.8	.7	.9	.6	1.5	.9	.3	—	—	1.8	2.5	2.0
75-79 years . . .	1.0	.2	.2	.2	1.3	.8	.6	.9	—	—	—	—	—	—	—	1.4	.3	.9
80-84 years . . .	.3	.2	.4	.1	.3	.4	.2	—	—	—	—	—	—	—	—	.4	—	.2
85-89 years . . .	.2	.1	.1	.2	.6	.4	.6	—	—	—	—	—	—	—	—	—	.8	.6
90 years and over . .	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total . . .	38.8	37.0	38.0	35.6	33.6	34.7	37.0	32.9	32.6	32.8	33.0	33.0	33.0	42.8	37.0	44.8	42.6	43.8
Average Age . . .																		

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.

AVERAGE ADMISSION AGE OF FIRST COURT ADMISSIONS.

Table 26 gives the numbers of first regular court commitments for 1929, and the average admission age for certain psychoses. The highest admission ages occur in the following groups: senile psychoses, 74.4 years; psychoses with cerebral arteriosclerosis, 70.2 years; and involution melancholia, 52.4 years. The lowest average ages at admission are observed in dementia praecox, 34.0 years; epileptic psychoses, 33.6 years; and psychoses with psychopathic personality, 32.9 years. The average admission age for all clinical groups is 48.4 years.

TABLE 26. — *Average Admission Age of First Court Admissions, 1929; by Certain Psychoses.*¹

PSYCHOSES.	First Admissions			Average Age of Admission in Years.		
	M.	F.	T.	M.	F.	T.
Senile	86	197	283	75.0	74.1	74.4
With cerebral arteriosclerosis	278	212	490	70.9	69.3	70.2
General paralysis.	189	37	226	45.8	45.6	45.8
Alcoholic	213	22	235	47.3	46.1	47.1
With other somatic diseases	44	68	112	57.6	43.7	49.1
Manic-depressive.	134	254	388	40.8	39.3	39.9
Dementia praecox	351	360	711	31.1	36.7	34.0
Involution melancholia	31	78	109	53.9	51.8	52.4
Paranoia or paranoid conditions	29	62	91	46.9	48.3	47.8
With other brain or nervous diseases	36	20	56	42.3	37.5	40.0
With mental deficiency	57	60	117	33.5	41.0	36.9
Without psychoses	25	13	38	36.8	35.3	36.3
Epileptic psychoses	23	15	38	34.2	32.7	33.6
With psychopathic personality	18	15	33	31.8	34.3	32.9
All other psychoses	59	60	119	44.4	48.0	45.9
Total	1,573	1,473	3,046	47.8	49.0	48.4

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.

If we consider the sexes, we see that the greatest differences in average admission ages occur in the psychoses with somatic diseases (males 57.6 years, females 43.7 years); dementia praecox (males 31.1 years, females 36.7 years); and psychoses with mental deficiency (males 33.5 years, females 41.0 years). For all psychoses, we see that the average age for females is 1.2 years higher than that of the males, (males 47.8 years — females 49.0 years).

COUNTRY OF BIRTH OF FOREIGN BORN FIRST COURT ADMISSIONS.

Table 27 indicates that the largest proportion of admissions to our State Hospitals for the insane come from Canada (including Newfoundland) and Ireland, respectively. However, these countries have large representations in our population and it becomes necessary to determine the rates based on population. The rates per 100,000 state population of the same country of birth are also outlined in Table 27.

TABLE 27. — *Country of Birth of Foreign Born, First Court Admissions, 1920; Rates per 100,000 State Population Same Country of Birth, 1920.*¹

COUNTRY OF BIRTH.	PERCENTAGE.		Rates
	First Regular Admissions.	State Population 1920 Census.	
Austria	.8	.7	123.8
Canada	22.3	24.2	105.6
England	6.8	8.0	96.6
Finland	1.8	1.3	157.8
Germany	2.6	2.0	140.5
Greece	2.1	1.9	127.4
Ireland	21.9	16.8	149.4
Italy	10.9	10.8	117.0
Poland	6.9	6.4	124.5
Portugal	2.6	5.3	55.8
Russia	6.6	8.5	88.1
Scotland	2.8	2.6	126.4
Sweden	3.3	3.5	105.0
West Indies	.6	.4	191.7
All other countries	8.0	7.6	121.2
Total	100.0	100.0	114.8

¹Includes Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.
Number of Foreign Born First Regular Commitments 1,247.

LENGTH OF RESIDENCE IN UNITED STATES OF FOREIGN BORN FIRST COURT AND ALL TEMPORARY ADMISSIONS.

As Table 28 indicates, by far the greater proportion of our foreign born admissions have been resident in this country for a period of 15 years and over. This is true both for first regular and all temporary foreign born admissions. If the data in this table is compared with that of Tables 24 and 25, in which we noted the higher average age of foreign born admissions, we see a probable reason for the higher ages noted in those tables. The foreign born who come to this country comprise chiefly the adult age groups. When we add to this fact the finding that the great majority of these foreign born patients are resident in this country for a period of 15 years or more before admission, we see the reason for the higher admission ages.

TABLE 28. — *Length of Residence in United States of Foreign Born Admissions, 1929, Percentage Distribution.*¹

TIME IN UNITED STATES	FIRST COURT ADMISSIONS.						ALL TEMPORARY ADMISSIONS. ²					
	Number			Percentage			Number			Percentage		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	22	22	44	3.5	3.6	3.5	22	18	40	5.0	4.9	5.0
5-9 years	28	24	52	4.4	3.9	4.2	23	30	53	5.3	8.3	6.6
10-14 years	20	7	27	3.1	1.1	2.2	10	6	16	2.3	1.7	2.0
15 years and over	563	560	1,123	89.0	91.4	90.1	381	311	692	87.4	85.1	86.4
Total	633	613	1,246	100.0	100.0	100.0	436	365	801	100.0	100.0	100.0

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.

²All temporary care and observation admissions.

CITIZENSHIP OF ALL ADMISSIONS.

Table 29 gives the citizenship of all admissions for 1929, and shows that 62.5 per cent of all admissions were citizens by birth. The 1920 census presents 71.7 per cent citizens by birth. This reveals that the native-born are under-represented in considering all admissions to mental hospitals for this particular year. We observe also that the foreign born made up 33.1 per cent of all admissions for 1929. This is an excess over the proportion of foreign born in the population, which is recorded as 28.3 per cent.

TABLE 29. — *Citizenship of All Admissions, 1929, Compared with State Population, 1920.*¹

CITIZENSHIP.	TOTAL.		MALES.		FEMALES.		State Population 1920.
	Number	Per Cent	Number	Per Cent	Number	Per Cent	
Citizens by Birth. . . .	3,921	62.5	2,171	63.8	1,750	61.0	71.7
Foreign Born	2,081	33.1	1,184	31.8	997	34.5	28.3
Citizens by Naturalization . .	957	15.2	515	15.1	442	15.3	
Aliens. . . .	1,124	17.9	569	16.7	555	19.2	
Citizenship Unknown	277	4.4	147	4.4	130	4.5	
Total	6,279	100.0	3,402	100.0	2,877	100.0	100.0

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals No. 107 and No. 95. Includes all cases admitted to mental hospitals, irrespective of legal status of admission. Does not include transfers.

There are no great differences between the sexes. Proportionately, more native-born males (63.8 per cent) are admitted than native-born females (61.0 per cent). Among the aliens, we see a tendency for a greater proportion of females (19.2 per cent) to be admitted than males (16.7 per cent).

MARITAL CONDITION OF FIRST COURT AND TEMPORARY ADMISSIONS.

The marital conditions of all first regular court and temporary admissions are outlined in Tables 30 and 31 respectively and Graph 2. Rates per 100,000 state population of the same marital status are also shown. It will be observed that the rates of admission for both regular court and temporary care cases are higher for single than for married patients; 121.9 for the single and 81.2 for the married (first regular court admissions), and 105.8 for the single and 64.5 for the married (all temporary admissions). There is a noticeable difference in the rate of admission of single males and single females for both forms of admission, the rate for males being perceptibly higher. In the case of the "widowed", the rate of admission under first regular court commitment is higher than the rate for either single or married patients. Here too, there is a noticeable difference in the rates for males and for females. The highest rate for both forms of admission is shown for the "divorced." These rates are not so significant as the others, however, as the numbers involved are smaller.

TABLE 30. — *Marital Condition of First Court Admissions, 1929; Rates per 100,000 State Population, Same Marital Status, 1920.*¹

MARITAL STATUS.	NUMBER.			PER CENT DISTRIBUTION.			RATE PER 100,000 OF SAME MARITAL STATUS. ²		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single	694	509	1,203	44.0	34.6	39.6	139.7	103.8	121.9
Married ³	607	611	1,218	38.7	41.4	40.0	80.5	81.9	81.2
Widowed	206	302	508	13.2	20.5	16.7	305.0	180.0	216.3
Divorced	37	37	74	2.4	2.6	2.4	635.0	462.7	535.2
Separated	17	11	28	1.0	.7	.9	—	—	—
Unknown	12	3	15	.7	.2	.4	—	—	—
Total	1,573	1,473	3,046	100.0	100.0	100.0	116.8	103.4	109.7

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.

²U. S. Census, 1920.

³Rate includes "Married" and "Separated."

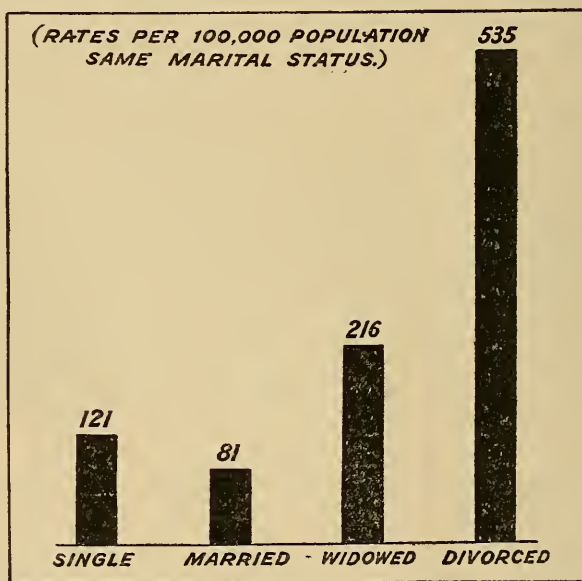
TABLE 31. — *Marital Condition of All Temporary Admissions, 1929; Rates 100,000 State Population, Same Marital Status, 1920.*¹

MARITAL STATUS.	NUMBER.			PER CENT DISTRIBUTION.			RATE PER 100,000 OF SAME MARITAL CONDITION ²		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single	641	402	1,043	50.3	41.8	46.6	129.0	82.1	105.8
Married ³	516	445	961	40.5	46.2	43.0	68.3	61.0	64.5
Widowed	73	72	145	5.7	7.4	6.5	107.7	43.0	61.8
Divorced	27	25	52	2.1	2.6	2.3	463.5	312.5	374.5
Separated	13	17	30	1.0	1.7	1.3	—	—	—
Unknown	6	3	9	.4	.3	.3	—	—	—
Total	1,276	964	2,240	100.0	100.0	100.0	94.8	67.6	80.9

¹All Temporary Care and Observation Admissions. Includes all State Hospitals, Bridgewater, Tewksbury, McLean, and U. S. Veterans' Hospitals Nos. 107 and 95.

²U. S. Census, 1920.

³Rate includes "Married" and "Separated".



GRAPH 2. — MARITAL CONDITION OF FIRST ADMISSIONS, 1929.
RATES PER 100,000 OF SAME MARITAL CONDITION IN
MASSACHUSETTS POPULATION (U. S. CENSUS, 1920).

AVERAGE ADMISSION AGES OF FIRST COURT AND TEMPORARY ADMISSIONS.

Table 32 reveals the average age of first regular court and temporary admissions for 1929, divided in accordance with the marital status of the patient at the time of admission. In the first regular admissions, we observe that the widowed reveal the highest average admission age (67.9 years). The married were next in order with an average age of 48.7 years. The lowest average ages were observed in the single group, 39.7 years. The average age for all first admissions was 48.4 years.

TABLE 32. — *Average Admission Age of First and Temporary Admissions, 1929, by Marital Status.*¹

MARITAL STATUS.	AVERAGE AGE IN YEARS.					
	FIRST REGULAR ADMISSIONS.			ALL TEMPORARY ADMISSIONS. ²		
	M.	F.	T.	M.	F.	T.
Single	37.4	42.8	39.7	31.3	29.9	30.8
Married	52.5	45.0	48.7	45.1	40.1	42.8
Widowed	67.8	68.0	67.9	57.6	55.8	56.7
Divorced	49.9	47.2	48.5	40.4	38.5	39.5
Separated	54.5	38.4	48.2	47.1	39.5	42.8
Unknown	54.5	49.1	53.5	40.0	59.1	46.3
Total	47.8	49.0	48.4	38.8	37.0	38.0

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.

²All Temporary Care and Observation Admissions.

In considering the admissions under temporary care, we see that essentially the same situation prevails. Again, the widowed presented the highest average age (56.7 years), being followed by the married group (42.8 years). Again the lowest average admission age is shown in the group who were single at the time of admission (30.8 years). The average for all types of marital status grouped together was 38.0 years.

In the first regular admissions we observe considerable differences between the sexes. The males who are single are admitted at an age which averages five years less than that of the females (males 37.4 years, females 42.8 years). The married group shows just the opposite condition in that the men are admitted at an average age which is seven years higher than that of the women (males 52.5 years, females 45.0 years). The largest difference is observed in the separated group where the average age in males at admission is 16 years higher than that of the females (males 54.5 years, females 38.4 years).

In the temporary admissions, we observe essentially the same situation with the exception that in the single group the males are approximately one year older than the females at admission (males 31.3 years, females 29.9 years.).

ECONOMIC STATUS OF FIRST COURT AND ALL TEMPORARY ADMISSIONS.

Table 33 reveals the economic status of first regular court and temporary admissions for the year 1929. In first regular admissions we see that the largest proportion of patients (79.1 per cent) fall in the "marginal" group. The next largest proportion of patients comes from the "dependent" class (10.9 per cent), and the smallest proportion form the "comfortable" group (6.4 per cent). In considering the temporary admissions, the largest proportion of patients fall in the "marginal" group (89.5 per cent); 7.1 per cent are in the "dependent" group, and 2.2 per cent in the "comfortable" group. It is interesting to observe the difference between the two types of admission. There is a tendency for the temporary admissions to be made up of persons from the "marginal" economic class, while the first regular admissions show more of a uniform spread and higher proportions in the "comfortable" and "dependent" group.

TABLE 33 — *Economic Status of First Court and Temporary Admissions, 1929; Percentage Distribution.*¹

ECONOMIC STATUS.	FIRST COURT ADMISSIONS.						ALL TEMPORARY ADMISSIONS. ²					
	NUMBER.			PERCENT.			NUMBER.			PERCENT.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent .	171	162	333	10.9	11.0	10.9	63	96	159	4.8	10.0	7.1
Marginal .	1,222	1,185	2,407	77.7	80.5	79.1	1,151	850	2,001	90.4	88.2	89.5
Comfortable .	105	91	196	6.7	6.2	6.4	40	11	51	3.1	1.1	2.2
Unknown .	75	35	110	4.7	2.3	3.6	22	7	29	1.7	.7	1.2
Total .	1,573	1,473	3,046	100.0	100.0	100.0	1,276	964	2,240	100.0	100.0	100.0

¹Includes all State Hospitals Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.

²All Temporary Care and Observation Admissions.

ENVIRONMENT OF FIRST COURT AND ALL TEMPORARY ADMISSIONS.

According to the Massachusetts census 1920, the State of Massachusetts is predominantly "urban" in environment, (94.8 per cent). Table 34 shows that 95.5 per cent of all first regular admissions and 97.9 per cent of all temporary admissions come from an "urban" environment. Although the percentage of the population living in a "rural" environment in this State is 5.2 per cent, it will be observed in Table 34 that only 3.7 per cent of first regular admissions and 1.4 per cent of all temporary admissions come from "rural" sections. We notice that even in Massachusetts, with a population predominantly urban, there is an excess of individuals coming from an "urban" environment.

TABLE 34. — *Environment of First Court and Temporary Admissions, 1929.*¹

	Total.	Urban.	Rural.	Unknown.
First Admissions, Regular Commitment	3,046	2,910	113	23
All Temporary Admissions	2,240	2,194	31	15
Percentage — First Admissions, Regular Commitment	100.0	95.5	3.7	.8
Percentage — All Temporary Admissions	100.0	97.9	1.4	.7
Percentage, Massachusetts Census, 1920	100.0	94.8	5.2	—
Rate per 100,000 — Population, same environment — Regular Commitment	79.0	79.7	55.9	—
Rate per 100,000 — Population, same environment — Temporary Admissions	58.3	60.1	15.3	—

¹All Temporary Care and Observation Admissions. Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.

In making a comparison with the population, we see that the admission rate per 100,000 of the population of "rural" environment is 55.9 and for the "urban" districts the rate is 79.7. Considering the temporary admissions, the admission rate per 100,000 for the "rural" districts is 15.3, and for the "urban" districts 60.1. As we consider the use of the temporary care forms, admitting patients for a short period, as an indication of progress in public understanding of psychiatric problems, we can see that this progress is more in evidence in the cities than in the rural districts.

DEGREE OF EDUCATION OF FIRST COURT AND ALL TEMPORARY ADMISSIONS.

Table 35 outlines the degree of education of admissions during 1929. As may be expected, the greater number of patients admitted to State Hospitals have had a common school education, with those of high school education coming next in number. We observe that 57 per cent of all admissions had a common school education, 15.4 per cent attended high school, and 3.2 per cent had college work. Ten and eight tenths per cent were able to read and write, and 7.7 per cent were rated as illiterate.

TABLE 35. — *Degree of Education of First Court and Temporary Admissions, 1929; Percentage Distribution.*¹

DEGREE OF EDUCATION.	FIRST COURT ADMISSIONS.						ALL TEMPORARY ADMISSIONS. ²					
	NUMBER.			PER CENT.			NUMBER.			PER CENT.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Illiterate	114	120	234	7.2	8.2	7.7	58	39	97	4.5	4.0	4.3
Reads and Writes	198	132	330	12.6	8.9	10.8	69	46	115	5.4	4.7	5.2
Common School	888	849	1,737	56.4	57.5	57.0	825	608	1,433	64.7	63.3	64.0
High School	209	258	467	13.4	17.6	15.4	204	219	423	16.0	22.7	18.9
College	49	49	98	3.1	3.4	3.2	61	29	90	4.8	3.0	4.0
Unknown	115	65	180	7.3	4.4	5.9	59	23	82	4.6	2.3	3.6
Total	1,573	1,473	3,046	100.0	100.0	100.0	1,276	964	2,240	100.0	100.0	100.0

¹Includes all State Hospitals Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals, Nos. 107 and 95.

²All Temporary Care and Observation Admissions.

The percentage of illiterates and those who read and write is higher in cases admitted on regular court commitment than for those admitted on temporary care. Inversely, the proportion of those with a common school, high school or college education is higher in the temporary care group.

INTEMPERATE USE OF ALCOHOL IN FIRST COURT ADMISSIONS.

Table 36 gives the number and per cent of first regular admissions classified as intemperate in the use of alcohol, by psychoses. Of the total first regular court admission (3,046), 514 or 16.7 per cent were classified as being intemperate, (28.9 per cent for males and 3.9 per cent for females). Considering only the diagnoses having more than ten cases regarded as intemperate, we observe that the alcoholic psychoses show 100 per cent of admissions as intemperate. Next in order we observe general paralysis with 24.8 per cent, and psychoses with mental deficiency with 11.1 per cent. The lowest percentages for admissions with intemperate habits are observed in the senile psychoses (4.9 per cent) and manic-depressive psychoses (7.7 per cent).

TABLE 36. — *First Court Admissions, Classified as Intemperate in the Use of Alcohol, 1929; Percentage Distribution.*¹

PSYCHOSES.	NUMBER FIRST ADMISSIONS.			NUMBER INTEMPERATE.			PERCENTAGE INTEMPERATE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	8	2	10	1	—	1	12.5	—	10.0
Senile	86	197	283	10	4	14	11.7	2.0	4.9
With cerebral arteriosclerosis	278	212	490	37	4	41	13.3	1.9	8.2
General paralysis	189	37	226	52	4	56	27.5	10.8	24.8
With cerebral syphilis	12	5	17	6	—	6	50.0	—	35.3
With Huntington's chorea	3	2	5	1	—	1	33.3	—	20.0
With brain tumor	2	3	5	1	—	1	50.0	—	20.0
With other brain or nervous diseases	36	20	65	5	1	6	14.2	5.0	10.7
Alcoholic	213	22	235	213	22	235	100.0	100.0	100.0
Due to drugs and other exogenous toxins	7	6	13	6	3	9	85.7	50.0	69.2
With pellagra	3	1	4	3	—	3	100.0	—	75.0
With other somatic diseases	44	68	112	7	2	9	20.9	2.9	8.0
Manic-depressive	134	254	388	23	7	30	17.2	2.7	7.7
Involution melancholia	31	78	109	1	—	1	3.2	—	.9
Dementia praecox	351	360	711	56	6	62	15.9	1.6	8.7
Paranoia or paranoid conditions	29	62	91	5	1	6	17.2	1.6	6.6
Epileptic psychoses	23	15	38	6	—	6	26.5	—	15.8
Psychoneuroses and neuroses	11	31	42	—	—	—	—	—	—
With psychopathic personality	18	15	33	3	—	3	16.6	—	9.9
With mental deficiency	57	60	117	11	2	13	19.3	3.3	11.1
Undiagnosed psychoses	13	10	23	4	2	6	30.7	20.0	26.1
Without psychoses	25	13	38	5	—	5	20.0	—	13.1
Total	1,573	1,473	3,046	456	58	514	28.9	3.9	16.7

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95. These percentages are based upon the total of each psychosis of first admissions by regular court commitment.

INTEMPERATE USE OF ALCOHOL IN FIRST COURT ADMISSIONS, 1917-1929.

Table 37 reveals the numbers of first regular admissions by years, and also states the numbers and percentages considered as intemperate for these years. It will be observed that the highest percentage of intemperate users of alcohol was 27.7 per cent in the year 1917. The lowest percentage was observed in the year 1920 (10.6 per cent). After 1920 we observe a gradual rise until we reach 1927 where the recorded percentage was 18.2 per cent. The percentage for 1928 and 1929 has remained the same, 16.7 per cent for both years.

TABLE 37. — *First Court Admissions, 1917-1929, Classified as Intemperate in the Use of Alcohol; Percentage Distribution.*¹

YEAR.	TOTAL FIRST ADMISSIONS.			INTEMPERATE USERS OF ALCOHOL.					
				NUMBER INTEMPERATE			PER CENT OF FIRST ADMISSIONS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917	2,202	1,957	4,159 ³	912	239	1,151	41.4	12.2	27.7
1918	1,984	1,782	3,766 ³	640	144	784	32.3	8.1	20.8
1919	2,017	1,799	3,816 ³	579	110	689	28.7	6.1	18.0
1920	1,457	1,362	2,819	247	51	298	16.2	3.7	10.6
1921	1,661	1,438	3,099	331	63	394	19.9	4.4	12.7
1922	1,782	1,574	3,356	396	85	481	22.2	5.4	14.3
1923	1,450	1,386	2,836	382	66	448	26.3	4.7	15.5
1924	1,574	1,358	2,932	446	62	508	28.3	4.3	17.3
1925	1,564	1,401	2,965	380	72	452	24.3	5.1	15.2
1926	1,491	1,405	2,896	357	67	424	23.9	4.8	14.6
1927	1,478	1,360	2,838	449	77	516	30.4	4.9	18.2
1928	1,643	1,472	3,115	445	77	522	27.0	5.2	16.7
1929 ²	1,573	1,473	3,046	456	58	514	28.9	3.9	16.7

¹Includes all State Hospitals, Bridgewater, Tewksbury and McLean.

²Includes two U. S. Veterans' Hospitals in addition to above.

³Includes Temporary Care Admissions.

Interesting sex differences are observed in the percentage of admissions over the period of years. The percentage of first admissions with intemperate habits among the males decreased from 41.4 per cent in 1917 to 28.9 per cent in 1929. The females decreased from 12.2 per cent in 1917 to 3.9 per cent in 1929. Roughly, this is a 30 per cent decrease for the males and a 69 per cent decrease for the females.

PSYCHOSES IN FIRST COURT ADMISSIONS, COURT READMISSIONS, AND
ALL TEMPORARY ADMISSIONS.

Table 38 shows the number and percentage of all psychoses for all forms of admission. When all types of admissions are grouped together, the highest percentages are shown to occur in dementia praecox, 20.9 per cent; manic-depressive, 14.4 per cent; without psychoses, 10.9 per cent; and psychoses with cerebral arteriosclerosis, 10.2 per cent. The lowest percentages for all types of admissions are observed in traumatic psychoses, .4 per cent; psychoses with brain tumor, .2 per cent; psychoses with Huntington's chorea, .1 per cent; and psychoses with pellagra, .1 per cent.

The most common diagnoses found in first regular admissions are as follows: dementia praecox, 23.4 per cent; cerebral arteriosclerosis, 16.0 per cent; manic-depressive, 12.7 per cent; senile psychoses, 9.4 per cent; and alcoholic psychoses, 7.7 per cent.

The most common diagnoses found in regular court readmissions are: dementia praecox, 36.5 per cent; manic-depressive, 31.1 per cent; alcoholic psychoses, 5.8 per cent; and cerebral arteriosclerosis and psychoses with mental deficiency, 4.9 per cent each. As is to be expected, the great majority of readmission cases comprise patients with dementia praecox and manic-depressive psychoses.

TABLE 38. — *First Admissions, Readmissions, and Temporary Care Admissions, 1929, by Psychoses; Percentage Distribution.*¹

	TOTAL.			PERCENTAGE OF TOTAL.			FIRST ADMISSIONS BY REGULAR COMMITMENT					
	M.	F.	T.	M.	F.	T.	NUMBER.			PERCENTAGE.		
							M.	F.	T.	M.	F.	T.
PSYCHOSES.												
Traumatic	19	4	23	.6	.1	.4	8	2	10	.5	.1	.3
Senile	98	223	321	3.0	8.9	5.3	86	197	283	5.6	13.3	9.4
With cerebral arteriosclerosis	348	265	613	10.7	9.7	10.2	278	212	490	17.0	14.4	16.0
General paralysis	268	49	317	8.3	1.9	5.3	189	37	226	12.0	2.5	7.4
With cerebral syphilis	20	9	29	.7	.3	.5	12	5	17	.8	.3	.6
With Huntington's chorea	4	2	6	.1	—	.1	3	2	5	.2	.1	.2
With brain tumor	6	6	12	.2	.2	.2	2	3	5	.1	.2	.2
With other brain or nervous diseases	76	41	117	2.3	1.5	1.9	36	20	56	2.4	1.4	1.8
Alcoholic	447	56	503	13.8	2.0	8.4	213	22	235	13.6	1.6	7.7
Due to drugs or other exogenous toxins	23	14	37	.7	.5	.6	7	6	13	.4	.4	.4
With pellagra	4	2	6	.1	—	.1	3	1	4	.2	—	.1
With other somatic diseases	74	112	186	2.3	4.0	3.1	44	68	112	2.8	4.7	3.8
Manic-depressive	328	539	867	10.1	19.5	14.4	134	254	388	8.6	17.3	12.7
Involution melancholia	48	106	154	1.3	3.6	2.7	31	78	109	1.9	5.3	3.7
Dementia praecox	657	593	1,250	20.2	21.4	20.9	351	360	711	22.4	24.4	23.4
Paranoia or paranoid conditions	124	186	310	1.9	4.6	3.1	29	62	91	1.8	4.3	2.9
Epileptic psychoses	61	30	91	1.8	1.0	1.5	23	15	38	1.6	1.0	1.2
Psychoneuroses and neuroses	49	63	112	1.6	2.3	1.9	11	31	42	.7	2.1	1.4
With psychopathic personality	37	44	81	1.1	1.7	1.3	18	15	33	1.1	1.0	1.0
With mental deficiency	93	90	183	2.9	3.3	3.0	57	60	117	3.7	4.0	3.8
Undiagnosed psychoses	121	94	215	3.9	3.5	3.6	13	10	23	3.7	.9	.8
Without psychoses	392	266	658	12.0	9.7	10.9	25	13	38	1.7	.7	1.2
Diagnosis deferred	12	34	46	.4	1.2	.8	—	—	—	—	—	—
Total	3,247	2,766	6,013	100.0	100.0	100.0	1,573	1,473	3,046	100.0	100.0	100.0

TABLE 38.—*First Admissions, Readmissions and Temporary Care Admissions, 1929, by Psychoses; Percentage Distribution.*¹—Concluded.

PSYCHOSES.	READMISSIONS BY REGULAR COMMITMENT.			ALL TEMPORARY ADMISSIONS NOT FOLLOWED BY REGULAR COMMITMENT. ²					
	NUMBER.			PERCENTAGE.					
	M.	F.	T.	M.	F.	T.			
Traumatic	1	—	1	10	2	12	.8	.2	.6
Senile	5	8	13	7	18	25	.5	1.9	1.1
With cerebral arteriosclerosis	19	17	36	51	36	87	3.9	3.8	3.9
General paralysis	22	1	23	57	11	68	4.6	1.2	3.0
With cerebral syphilis	1	—	1	7	4	11	.5	.4	.5
With Huntington's chorea	1	—	1	—	—	—	—	—	—
With brain tumor	1	—	1	3	3	6	.2	.3	.3
With other brain or nervous diseases	6	3	9	34	18	52	2.8	1.9	2.4
Alcoholic	35	7	42	199	27	226	15.6	2.8	10.0
Due to drugs or other exogenous toxins	2	—	2	14	8	22	1.1	.8	.9
With pellagra	—	—	—	1	1	2	—	—	—
With other somatic diseases	5	5	10	25	39	64	1.9	4.0	2.9
Manic-depressive	92	135	227	102	150	252	7.9	15.0	11.4
Involution melancholia	2	8	10	15	20	35	1.2	2.0	1.6
Dementia praecox	155	110	265	151	123	274	11.9	12.9	12.3
Paranoia or paranoid conditions	5	9	14	28	53	81	2.3	5.7	3.7
Epileptic psychoses	8	4	12	30	11	41	2.4	1.2	1.8
Psychoneuroses and neuroses	3	1	4	37	30	67	2.9	3.1	2.9
With psychopathic personality	3	1	4	16	28	44	1.3	2.9	1.9
With mental deficiency	23	13	36	13	17	30	1.0	1.8	1.3
Undiagnosed psychoses	6	1	7	102	83	185	7.9	8.7	8.3
Without psychoses	5	5	10	362	248	610	28.5	25.8	27.2
Diagnosed deferred	—	—	—	12	34	46	.9	3.5	2.0
Total	398	329	727	1,276	964	2,240	100.0	100.0	100.0

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.²Includes Temporary Care and Observation Admissions.

With regard to patients admitted on a temporary form, the most common diagnoses outline themselves as follows: without psychoses, 27.2 per cent; dementia praecox, 12.3 per cent; manic-depressive psychoses, 11.4 per cent; alcoholic psychoses, 10.0 per cent; and undiagnosed psychoses, 8.3 per cent. It will be observed that the highest percentage of cases admitted on a temporary care form are those diagnosed as without psychoses.

It is interesting to observe the tendency for certain of the psychoses to present relatively larger proportions in first admissions as compared with readmissions. We notice this particularly in the psychoses with cerebral arteriosclerosis, general paralysis, and alcoholic psychoses. Psychoses which present relatively larger proportions among the readmissions are: manic-depressive psychoses, dementia praecox and psychoses with mental deficiency.

NUMBER AND PERCENTAGE OF CERTAIN PSYCHOSES IN FIRST COURT ADMISSIONS, 1917-1929.

Tables 39A to 39H inclusive show the percentage of first admissions for certain psychoses over the period of years 1917-1929 inclusive. Only those psychoses which were most important numerically are represented. These figures began in the year 1917 for the reason that the classification of mental diseases, as approved by the American Psychiatric Association and the National Committee for Mental Hygiene, was uniformly employed by all institutions throughout the State from that date.

Senile Psychoses.

Table 39A gives the percentages of first admissions diagnosed as senile psychoses for the years 1917-1929. While the highest percentages occur in the years 1920 and 1921, we observe a slight tendency for the last five or six years to run a trifle higher than the first five or six years of this series. However, the results fluctuate so much that a definite statement is unjustified.

TABLE 39A — *Number and Percentage with Senile Psychoses, First Court Admissions, 1917-1929.*¹

YEAR.	SENILE PSYCHOSES			PERCENTAGE OF FIRST ADMISSIONS.		
	M.	F.	T.	M.	F.	T.
1917	131	183	314	6.0	9.4	7.6
1918	131	204	335	6.6	11.4	8.9
1919	105	190	295	5.2	10.6	7.7
1920	117	194	311	8.0	14.2	11.0
1921	135	205	340	8.1	14.3	11.0
1922	133	177	310	7.5	11.2	9.3
1923	92	180	272	6.3	13.0	9.6
1924	89	147	236	5.7	10.8	8.1
1925	103	184	287	6.6	13.1	9.7
1926	108	177	285	7.3	12.6	9.8
1927	87	172	259	5.9	12.7	9.1
1928	126	191	317	7.6	12.9	10.1
1929 ²	86	197	283	5.5	13.3	9.3

¹Includes all State Hospitals, Bridgewater, Tewksbury, and McLean.

²U. S. Veterans' Hospitals Nos. 107 and 95 added in 1929.

Psychoses with Cerebral Arteriosclerosis.

Table 39B reveals the percentages of first admissions diagnosed as psychoses with cerebral arteriosclerosis for the years 1917-1929. We see a steady and consistent increase in the prevalence of this psychosis from 7.2 per cent in 1917 to 16.1 per cent in 1929. Insofar as the proportion of cases given this clinical diagnosis has more than doubled in the twelve-year period, it seems that we are viewing a distinct tendency for increase in cases of this diagnosis.

We observe also a consistent difference between the sexes in that the percentages for males run about 2 per cent higher than the percentages for the females. These differences are consistent throughout the entire period 1917-1929.

TABLE 39B. — *Number and Percentage with Cerebral Arteriosclerosis, First Court Admissions, 1917-1929.*¹

YEAR.	CEREBRAL ARTERIOSCLEROSIS.			PERCENTAGE OF FIRST ADMISSIONS.		
	M.	F.	T.	M.	F.	T.
1917	174	126	300	7.9	6.4	7.2
1918	170	123	293	8.5	6.9	7.8
1919	198	97	295	9.8	5.4	7.7
1920	156	108	264	10.7	7.9	9.4
1921	165	90	255	9.9	6.3	8.2
1922	177	136	313	9.9	8.6	9.3
1923	162	170	332	11.2	12.3	11.7
1924	185	184	369	11.8	13.6	12.6
1925	215	169	384	13.7	12.1	13.0
1926	207	191	398	13.9	13.6	13.7
1927	231	177	408	15.6	13.0	14.4
1928	236	160	396	14.2	10.8	12.6
1929 ²	278	212	490	17.7	14.4	16.1

¹Includes all State Hospitals, Bridgewater, Tewksbury, and McLean.²U. S. Veterans' Hospitals Nos. 107 and 95 added in 1929.*General Paralysis.*

Table 39C gives the percentages of first admissions diagnosed with general paralysis for the years 1917-1929. The highest proportion with general paralysis is noted in the year 1924, 8.8 per cent; the lowest proportion is observed in 1928, 6.4 per cent. The percentages for the various years, however, show but slight fluctuations with no discernible trend.

There is a marked sex difference in this psychosis, general paralysis being diagnosed in males about four times as often as in females. This ratio is observed consistently throughout all of the years outlined.

TABLE 39C. — *Number and Percentage with General Paralysis, First Court Admissions, 1917-1929.*¹

YEAR.	GENERAL PARALYSIS.			PERCENTAGE OF FIRST ADMISSIONS.		
	M.	F.	T.	M.	F.	T.
1917	267	61	328	12.1	3.1	7.9
1918	233	56	289	11.8	3.1	7.7
1919	208	44	252	10.3	2.4	6.6
1920	175	50	225	12.0	3.7	8.0
1921	200	52	252	12.0	3.6	8.1
1922	188	53	241	10.5	3.4	7.2
1923	189	50	239	13.0	3.6	8.4
1924	201	57	258	12.7	4.2	8.8
1925	209	40	249	13.4	2.9	8.4
1926	179	53	232	12.7	3.8	8.0
1927	160	30	109	10.8	2.2	6.7
1928	158	44	202	9.5	3.0	6.4
1929 ²	189	37	226	12.0	2.5	7.4

¹Includes all State Hospitals, Bridgewater, Tewksbury, and McLean.²U. S. Veterans' Hospitals Nos. 107 and 95 added in 1929.*Alcoholic Psychoses.*

Table 39D gives the percentages of first admissions diagnosed as having alcoholic psychoses for the years 1917-1929. The year 1917 reveals the greatest proportion of patients with alcoholic psychoses, 12.3 per cent. The year 1920 shows the lowest proportion, 3.6 per cent. Between 1920 and 1929 there has been considerable fluctuation, the proportion of alcoholic psychoses in the latter year remaining at 7.7 per cent.

A marked sex difference is observed in this diagnosis. In 1917 6 per cent of all female first admissions were diagnosed as having an alcoholic psychosis. In 1929

this decreased to 1.5 per cent. Among the males this psychosis was diagnosed in 17.9 per cent of admissions in the year 1917. In the year 1929 this had decreased to 13.5 per cent.

TABLE 39D. — *Number and Percentage with Alcoholic Psychoses, First Court Admissions, 1917-1929.*¹

YEAR.	ALCOHOLIC PSYCHOSES.			PERCENTAGE OF FIRST ADMISSIONS.		
	M.	F.	T.	M.	F.	T.
1917	393	118	511	17.9	6.0	12.3
1918	250	54	304	12.6	3.0	8.1
1919	242	54	296	12.0	3.0	7.7
1920	83	19	102	5.7	1.4	3.6
1921	118	31	149	7.1	2.2	4.8
1922	180	35	215	10.1	2.2	6.4
1923	192	30	222	13.2	2.2	7.8
1924	211	26	237	13.4	1.2	8.1
1925	159	17	176	10.2	1.2	5.9
1926	163	25	188	10.9	1.8	6.5
1927	191	22	213	12.9	1.6	7.5
1928	179	32	211	10.8	2.2	6.7
1929 ²	213	22	235	13.5	1.5	7.7

¹Includes all State Hospitals, Bridgewater, Tewksbury and McLean.

²U. S. Veterans' Hospitals Nos. 107 and 95 added in 1929.

Dementia Praecox.

Table 39E gives the percentages of first admissions diagnosed as dementia praecox for the years 1917-1929. In considering the totals, we observe that the highest proportion of cases of dementia praecox is noted in the year 1921, 27.8 per cent. The lowest proportion is observed in 1928 with 20.0 per cent. There are no great differences for the sexes with the exception of the fact that the females average about 2 per cent higher than the males.

TABLE 39E. — *Number and Percentage with Dementia Praecox, First Court Admissions, 1917-1929.*¹

YEAR.	DEMENCIA PRAECOX.			PERCENTAGE OF FIRST ADMISSIONS.		
	M.	F.	T.	M.	F.	T.
1917	484	537	1,021	22.0	27.4	24.6
1918	459	455	914	23.1	25.5	24.3
1919	481	505	986	23.9	28.2	25.9
1920	385	378	763	26.4	27.8	27.1
1921	448	414	862	27.0	28.8	27.8
1922	401	377	778	22.5	24.0	23.2
1923	292	326	618	20.1	23.5	21.8
1924	339	316	655	21.5	23.2	22.3
1925	320	301	621	20.5	21.5	20.9
1926	324	337	661	22.7	24.0	22.8
1927	324	370	694	21.9	27.2	24.5
1928	332	295	627	19.9	19.9	20.0
1929 ²	351	360	711	22.2	24.4	23.4

¹Includes all State Hospitals, Bridgewater, Tewksbury and McLean.

²U. S. Veterans' Hospitals Nos. 107 and 95 added in 1929.

Manic-Depressive Psychoses.

Table 39F gives the percentages of first admissions diagnosed as manic-depressive psychoses for the years 1917-1929. The lowest proportion of first admissions diagnosed as manic-depressive psychoses occurred in the year 1919, 8.1 per cent. The highest proportion is noted in the year 1929, 12.8 per cent. There appears to

be a definite and consistent increase in the proportions of cases with this diagnosis between the years 1917-1929. The sexes show a marked difference in the preponderance of cases among the females. We might say that approximately twice as many females as males are diagnosed manic-depressive.

TABLE 39F. — *Number and Percentage with Manic-depressive, First Court Admissions, 1917-1929.*¹

YEAR.	MANIC-DEPRESSIVE.			PERCENTAGE OF FIRST ADMISSIONS.		
	M.	F.	T.	M.	F.	T.
1917	141	206	347	6.4	10.5	8.4
1918	121	204	325	6.1	11.5	8.6
1919	113	195	308	5.6	10.8	8.1
1920	121	173	294	8.3	12.7	10.4
1921	135	167	302	8.1	11.6	9.8
1922	122	210	332	0.7	13.3	9.8
1923	132	182	314	9.1	13.1	11.1
1924	145	216	361	9.2	15.9	12.3
1925	136	236	372	8.7	16.8	10.3
1926	141	220	361	9.5	15.7	12.5
1927	108	175	283	7.3	12.8	10.0
1928	141	246	387	8.5	16.6	12.3
1929 ²	134	254	388	8.5	17.2	12.8

¹Includes all State Hospitals, Bridgewater, Tewksbury, and McLean.

²U. S. Veterans' Hospitals Nos. 107 and 95 added in 1929.

Psychoses with other Somatic Diseases.

Table 39G gives the percentage of first admissions diagnosed as psychoses with other somatic diseases for the years 1917-1929. The lowest proportion of cases with this psychosis occurred in 1917, 2.1 per cent, and the highest proportion in 1927, 4.2 per cent. The numbers of cases involved in this psychosis are so small that they render further discussion inadvisable. This psychosis tends to occur in females in higher proportions than in males, the ratio being approximately 2:1.

TABLE 39G. — *Number and Percentage of Psychoses with Somatic Diseases, First Court Admissions, 1917-1929.*¹

YEAR.	OTHER SOMATIC DISEASES.			PERCENTAGE OF FIRST ADMISSIONS.		
	M.	F.	T.	M.	F.	T.
1917	27	58	85	1.2	3.0	2.1
1918	49	66	115	2.5	3.7	3.1
1919	60	80	140	3.0	4.4	3.7
1920	34	51	85	2.3	3.8	3.0
1921	33	46	79	2.0	3.2	2.6
1922	30	56	86	1.7	3.6	2.6
1923	34	71	105	2.4	5.1	3.7
1924	26	65	91	1.7	4.8	3.1
1925	40	64	104	2.6	4.6	3.5
1926	35	81	116	2.4	5.1	4.0
1927	34	84	118	2.3	6.2	4.2
1928	34	67	101	2.1	4.5	3.2
1929 ²	44	68	112	2.8	4.6	3.7

¹Includes all State Hospitals, Bridgewater, Tewksbury and McLean.

²U. S. Veterans' Hospitals Nos. 107 and 95 included in 1929.

Psychoses Due to Drugs.

Table 39H gives the percentages of first admissions diagnosed as having drug psychoses for the years 1917-1929. The number of cases coming under this heading have been very small throughout the period. The lowest proportion is observed

in the year 1925, .06 per cent. The highest proportion is noted in 1923, .5 per cent. There have been no consistent fluctuations in cases of this diagnosis over the period outlined.

TABLE 39H. — *Number and Percentage with Drug Psychoses, First Court Admissions, 1917-1929.*¹

YEAR.	DUE TO DRUGS.			PERCENTAGE OF FIRST ADMISSIONS.		
	M.	F.	T.	M.	F.	T.
1917	3	7	10	0.1	0.4	0.3
1918	4	8	12	0.2	0.4	0.3
1919	2	1	3	0.1	0.05	0.07
1920	4	8	12	0.3	0.6	0.4
1921	6	6	12	0.4	0.4	0.4
1922	8	4	12	0.4	0.3	0.3
1923	7	8	15	0.5	0.5	0.5
1924	10	2	12	0.6	0.1	0.4
1925	—	2	2	—	0.1	0.06
1926	8	4	12	0.5	0.1	0.4
1927	6	3	9	0.4	0.2	0.3
1928	6	2	8	0.4	0.1	0.3
1929 ²	7	6	13	0.4	0.4	0.4

¹Includes all State Hospitals, Bridgewater, Tewksbury and McLean.

²U. S. Veterans' Hospitals Nos. 107 and 95 included in 1929.

ECONOMIC STATUS OF FIRST COURT AND ALL TEMPORARY ADMISSIONS.

The percentage of psychoses in the various economic groups is shown in Table 40 for both first regular court and all temporary admissions. The largest proportion of admissions to State Hospitals come from the "marginal" economic class, with the "dependent" and "comfortable" following next in order. It will be of interest to compare the psychoses and forms of admission with the various grades of economic status.

TABLE 40. — *Economic Status of First Court and Temporary Care Admissions, 1929, by Psychoses; Percentage Distribution.*¹

PSYCHOSES.	FIRST COURT ADMISSIONS.				ALL TEMPORARY ADMISSIONS.			
	De- pendent.	Marginal.	Com- fortable.	Un- known.	De- pendent.	Marginal.	Com- fortable.	Un- known.
Traumatic	—	100.0	—	—	—	100.0	—	—
Senile	15.2	74.6	4.9	5.3	24.0	72.0	4.0	—
With cerebral arteriosclerosis	14.9	72.2	8.2	4.7	8.3	78.1	8.2	5.4
General paralysis	8.7	84.0	3.1	4.2	2.9	91.2	4.4	1.5
With cerebral syphilis	5.7	82.9	5.7	5.7	—	100.0	—	—
With Huntington's chorea	—	80.0	20.0	—	—	—	—	—
With brain tumor	—	60.0	20.0	20.0	16.6	83.3	—	—
With other brain or nervous diseases	7.2	83.9	3.6	5.3	1.9	98.0	—	—
Alcoholic	6.8	82.9	5.9	4.2	3.0	91.0	3.0	3.0
Due to drugs and other exogenous toxins	—	92.3	7.7	—	4.5	90.9	—	4.5
With pellagra	—	100.0	—	—	50.0	50.0	—	—
With other somatic diseases	9.8	81.2	7.1	1.8	4.7	85.9	6.2	3.1
Manic-depressive	5.4	81.2	12.1	1.3	3.9	93.2	2.8	—
Involution melancholia	6.4	84.4	7.3	1.8	—	97.1	2.8	—
Dementia praecox	9.4	81.3	4.6	4.6	5.5	92.7	1.4	.4
Paranoia or paranoid conditions	12.0	82.4	4.4	1.0	7.4	90.1	1.2	1.2
Epileptic psychoses	28.9	68.4	2.6	—	7.3	90.2	2.4	—
Psychoneuroses and neuroses	9.5	78.6	9.5	2.4	7.5	89.5	1.5	1.5
With psychopathic personality	12.1	75.7	6.0	6.0	9.0	90.9	—	—
With mental deficiency	26.5	70.0	2.5	.9	10.0	90.0	—	—
Undiagnosed psychoses	8.7	86.9	4.3	—	3.2	94.0	—	2.7
Without psychoses	18.4	68.4	13.1	—	12.8	83.8	2.4	.9
Diagnosis deferred	—	—	—	—	2.2	97.8	—	—
Total	10.9	79.1	6.4	3.6	7.0	89.3	2.2	1.3

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals, Nos. 107 and 95. Includes Temporary Care and Observation Admissions.

In first regular admissions we find that the epileptic psychoses, 28.9 per cent; psychoses with mental deficiency, 26.5 per cent; and the group diagnosed as without psychoses, 18.4 per cent, comprised the larger percentages of the "dependent" economic class. In all temporary admissions the predominant psychoses in the "dependent" group are senile psychoses, 24.0 per cent; psychoses with brain tumor, 16.6 per cent; cases without psychoses, 12.8 per cent; and mental deficiency, 10.0 per cent. Two psychoses dominate in the "dependent" group for both first regular and all temporary admissions: psychoses with mental deficiency, and cases diagnosed as without psychoses. It will be observed that the temporary cases show a smaller proportion in the "dependent" classes than do the first regular admission cases.

With regard to first regular admissions of "marginal" economic status, we find that, with the exception of senile psychoses, psychoses with cerebral arteriosclerosis, psychoses with brain tumor, epileptic psychoses, and cases without psychoses, the majority of psychoses have a greater incidence in the "marginal" class than is found for the total psychoses of this economic status, 79.1 per cent. In all temporary admissions this is likewise true. There are proportionately more patients of a "marginal" economic status admitted on temporary forms than on a regular court commitment.

The first regular admissions show a higher percentage of patients recorded from the "comfortable" economic group than do the temporary admissions. Cases without psychoses or the manic-depressive predominate in the first admission cases (excluding Huntington's chorea and brain tumor because of the few cases under consideration), while psychoses with cerebral arteriosclerosis and other somatic diseases predominate in the temporary admissions.

TABLE 41. — *Degree of Education of First Court and Temporary Care Admissions, 1929, by Psychoses; Percentage Distribution.*¹

PSYCHOSES.	FIRST COURT ADMISSIONS.					ALL TEMPORARY ADMISSIONS. ²						
	Illiterate	Reads and Writes.	Common School.	High School.	College	Unknown	Illiterate	Reads and Writes.	Common School.	High School.	College	Unknown
Traumatic	10.0	10.0	70.0	10.0	—	—	—	8.3	58.3	25.0	8.3	—
Senile	10.2	15.7	48.7	9.5	1.8	14.1	16.0	8.0	36.0	24.0	—	16.0
With cerebral arteriosclerosis	7.5	14.9	54.9	10.4	2.2	10.0	2.3	12.6	55.2	13.8	1.1	14.9
General paralysis	9.5	9.1	57.7	13.6	3.1	7.0	8.8	5.9	55.9	17.6	4.4	7.3
With cerebral syphilis	11.8	5.9	52.9	17.6	—	11.8	—	—	72.7	18.2	—	9.0
With Huntington's chorea	—	—	80.0	20.0	—	—	—	—	—	—	—	—
With brain tumor	—	—	40.0	20.0	20.0	20.0	—	—	33.3	50.0	—	16.6
With other brain or nervous diseases	8.9	14.3	55.4	12.5	5.3	3.6	11.5	1.9	65.4	17.3	—	3.8
Alcoholic	8.9	20.8	56.8	6.9	.4	5.9	6.2	8.2	66.2	11.0	3.6	4.8
With pellagra	7.7	7.7	61.5	15.3	7.7	—	13.6	—	36.4	36.4	—	9.0
Due to drugs and other exogenous toxins	—	—	100.0	—	—	—	—	—	50.0	—	—	50.0
With other somatic diseases	7.1	6.2	56.2	18.7	4.5	7.1	—	6.2	62.5	20.3	6.2	4.7
Manic-depressive	4.1	5.4	55.4	25.8	6.7	2.6	2.3	3.6	60.3	25.4	6.3	—
Involution melancholia	8.2	8.2	68.8	10.0	3.6	2.9	5.7	—	60.0	25.7	5.7	2.8
Dementia praecox	4.5	6.2	60.0	22.5	3.8	2.9	1.4	5.8	55.1	29.2	6.2	2.2
Paranoia or paranoid conditions	7.7	13.2	56.0	14.2	2.3	6.6	6.2	3.7	76.5	7.4	4.9	1.2
Epileptic psychoses	10.5	13.1	71.0	9.0	—	2.9	2.4	9.7	75.6	9.7	—	2.4
Psychoneuroses and neuroses	9.1	—	75.1	9.4	4.2	2.2	1.5	1.5	61.2	26.8	5.9	2.9
With psychopathic personality	9.0	—	66.7	18.2	3.0	3.0	2.3	—	68.4	22.7	6.6	—
With mental deficiency	22.2	20.5	49.6	1.7	4.3	3.9	13.3	6.6	80.0	20.5	3.8	3.8
Undiagnosed psychoses	8.7	4.3	69.6	13.0	—	—	2.7	3.8	65.4	14.7	2.9	3.1
Without psychoses	15.8	21.0	39.5	18.4	5.3	—	4.4	5.0	69.7	23.4	5.2	—
Diagnosed deferred	—	—	—	—	—	—	13.0	—	53.2	—	—	—
Total	7.7	10.8	57.0	15.3	3.3	5.7	4.3	5.1	63.9	18.9	4.0	3.6

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals, Nos. 107 and 95.²Includes Temporary Care and Observation Admissions.

DEGREE OF EDUCATION OF FIRST COURT AND ALL TEMPORARY ADMISSIONS.

Table 41 shows the percentage of psychoses in education groups for first regular court and temporary care admissions for 1929. In the first regular admissions the following psychoses show a preponderance of illiterates and those who read and write: Senile, cerebral arteriosclerosis, other brain or nervous diseases, alcoholic, paranoia or paranoid conditions, epileptic psychoses, psychoses with mental deficiency, and without psychoses. Cases without psychoses also show a large percentage of patients with high school and college education, the percentages of each being greater than the average for all diagnoses, considered as a group. Dementia praecox and psychoses due to drugs show a preponderance of cases having had a common school, high school or college education. This is especially true of dementia praecox cases in which the percentage having a high school education is noticeably high. Among the first regular admissions, a high school or college education is predominating in the following psychoses: psychoses due to drugs, psychoses with other somatic diseases, manic-depressive psychoses, dementia praecox, and cases without psychoses.

In all temporary admissions, the predominance of illiterate and those who read and write only, is found in the senile psychoses, psychoses with cerebral arteriosclerosis, alcoholic psychoses and psychoses with mental deficiency.

ADMISSION AGES OF FIRST COURT ADMISSIONS, BY PSYCHOSES.

As we have seen from previous tables, the number of first regular court admissions for 1929 was 3,046; 1,573 males and 1,473 females. The average age at admission was 48.4 years; 47.8 years for males, and 49.0 years for females.

Table 42 gives the percentage distributions of admission age for the various psychoses. We see that the modal age group for both sexes with traumatic psychoses was 20 to 24 years; for senile psychoses, 70 to 74 years. For psychoses with cerebral arteriosclerosis, this figure again falls within the 70 to 74 age groups; for general paralysis, 40 to 44 years; for psychoses with cerebral syphilis, 55 to 59 years; for psychoses with Huntington's chorea, 45 to 49 years. For alcoholic psychoses, the modal age was 50 to 54 years; for psychoses due to drugs and other exogenous toxins, 50 to 54 years; for psychoses with pellagra, 60 to 64 years; for manic-depressive psychoses, 30 to 34 years; for dementia praecox, 25 to 29 years; for paranoia or paranoid conditions, 40 to 44 years; for epileptic psychoses, 25 to 29 years; for psychoneuroses and neuroses, 20 to 24 years; for psychoses with psychopathic personality, 15 to 19 years.

In considering all clinical groups we see the modal admission age falls in the group 35-39 years, this group accounting for over 10 per cent of all admissions. While over 50 per cent of the patients admitted come to the mental hospitals between the ages of 20 to 49 years, the age distribution shows a fairly even spread up to the 75-79 year group, when a slight decrease is observed. It will be seen that 5.1 per cent of cases admitted were over 80 years of age. Judging from this table, one might say that the first admission ages are spread out quite uniformly from the age of 20 to 79 years.

TABLE 42. — *Admission Ages of First Court Admissions, 1929, by Psychoses; Percentage Distribution.*¹

PSYCHOSES.	TOTAL			UNDER 15 YEARS.			15-19 YEARS.			20-24 YEARS.			25-29 YEARS.			30-34 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	100.0	100.0	100.0	—	—	—	—	—	—	25.0	—	20.0	—	—	—	—	—	—
Senile	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	100.0	100.0	100.0	—	2.7	.4	—	—	.4	1.6	—	—	—	4.8	5.4	4.9	10.6	13.5
With cerebral syphilis	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	8.3	20.0
Huntington's chorea	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Brain tumor	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other brain or nervous diseases	100.0	100.0	100.0	—	5.0	1.8	—	50.0	20.0	11.1	20.0	14.3	50.0	20.0	20.0	8.3	10.0	8.9
Alcoholic	100.0	100.0	100.0	—	—	—	—	5.5	3.6	11.1	4.6	4.7	4.7	4.6	4.7	7.5	4.6	7.2
Due to drugs and other exogenous toxins	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pellagra	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other somatic diseases	100.0	100.0	100.0	—	1.5	.9	—	—	1.5	2.3	8.8	6.3	2.3	14.7	9.8	4.5	10.3	8.0
Manic-depressive	100.0	100.0	100.0	—	—	—	—	6.7	4.7	13.4	10.2	11.3	8.9	11.4	10.5	9.7	14.9	13.1
Involution melancholia	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dementia praecox	100.0	100.0	100.0	.3	.3	.3	9.1	6.1	7.6	23.1	10.8	16.9	21.6	15.8	18.7	11.9	13.0	12.5
Paranoia or paranoid conditions	100.0	100.0	100.0	—	—	—	—	6.7	7.9	4.4	13.3	7.9	6.9	1.6	3.3	13.8	3.2	6.6
Epileptic psychoses	100.0	100.0	100.0	—	13.3	5.3	8.7	9.7	7.1	9.1	25.8	21.4	26.1	13.3	21.0	13.0	6.7	10.5
Psychoneuroses and neuroses	100.0	100.0	100.0	—	—	—	—	22.2	20.0	11.1	6.7	9.1	5.1	6.5	7.1	18.2	19.4	19.0
With psychopathic personality	100.0	100.0	100.0	11.1	6.7	9.1	—	—	21.2	8.8	5.0	6.8	22.8	10.0	16.2	16.7	20.0	18.2
With mental deficiency	100.0	100.0	100.0	3.5	1.7	2.6	10.5	6.7	8.6	23.0	10.0	17.4	7.7	7.7	4.4	10.5	13.3	11.9
Undiagnosed psychoses	100.0	100.0	100.0	—	—	—	7.7	10.0	8.7	16.0	15.4	15.8	8.0	15.4	10.5	15.4	20.0	17.4
Without psychoses	100.0	100.0	100.0	8.0	7.7	7.9	8.0	7.7	7.9	16.0	15.4	15.8	8.0	15.4	10.5	4.0	7.7	5.3
All Clinical groups	100.0	100.0	100.0	.4	.6	.5	3.8	3.3	3.6	7.9	6.3	7.2	8.8	8.0	8.5	7.5	8.4	7.9

Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.

TABLE 42. — *Admission Ages of First Court Admissions, 1929, by Psychoses; Percentage Distribution.*¹ — Continued.

	35-39 YEARS.			40-44 YEARS.			45-49 YEARS.			50-54 YEARS.			55-59 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
PSYCHOSES.															
Traumatic	12.5	—	10.0	—	—	—	12.5	—	10.0	—	—	—	12.5	—	10.0
Senile	—	—	—	—	1.1	.7	—	—	—	—	1.2	1.0	2.3	4.0	3.5
With cerebral arteriosclerosis	—	—	—	—	—	—	.7	1.4	1.0	—	2.9	8.9	7.2	8.9	7.9
General paralysis	16.4	16.2	16.3	17.5	13.5	16.8	11.1	10.8	11.0	—	16.9	13.5	11.1	8.1	10.6
With cerebral syphilis	—	40.0	11.8	8.3	20.0	11.8	—	—	—	—	—	—	33.3	20.0	29.4
Huntington's chorea	—	50.0	20.0	—	—	—	33.3	50.0	40.0	—	—	—	33.3	—	20.0
Brain tumor	—	—	—	—	—	—	—	33.3	20.0	—	—	—	—	33.3	20.0
Other brain or nervous diseases	13.9	5.0	10.7	8.3	—	5.4	—	5.6	5.0	5.4	8.3	20.0	13.9	15.0	14.3
Alcoholic	14.7	13.6	14.4	15.5	18.2	15.7	15.9	13.6	15.7	17.1	22.7	17.4	11.7	9.1	11.4
Due to drugs and other exogenous toxins	28.6	—	15.4	14.3	—	7.7	28.6	—	15.4	14.3	33.3	23.0	—	16.7	7.7
Pellagra	33.3	—	25.0	33.3	—	25.0	—	—	—	—	—	—	—	—	—
Other somatic diseases	6.8	5.9	6.3	4.6	1.5	2.7	6.8	20.3	15.2	9.1	8.8	8.9	20.2	11.8	15.2
Manic-depressive	10.4	14.2	12.9	11.2	11.4	11.3	6.7	9.8	8.8	14.2	10.2	11.6	5.9	5.9	5.9
Involution melancholia	3.2	2.6	2.7	6.5	15.4	12.8	22.6	25.7	24.8	25.8	23.0	23.8	12.9	19.2	17.4
Dementia praecox	13.7	18.6	16.2	11.1	11.1	11.1	3.9	8.0	6.0	3.4	8.9	6.2	1.4	4.2	2.8
Paranoia or paranoid conditions	3.5	19.3	14.3	13.8	25.8	22.0	20.7	12.9	15.4	17.2	9.7	12.1	20.7	6.5	11.1
Epileptic psychoses	21.4	13.3	18.4	9.1	20.0	13.2	13.0	6.7	10.5	4.3	—	7.6	—	—	—
Psychoneuroses and neuroses	9.1	16.2	14.3	27.2	6.4	11.9	9.1	6.4	7.2	9.1	6.4	7.2	9.1	3.2	4.8
With psychopathic personality	—	—	—	5.6	20.0	12.1	11.1	6.7	9.1	11.1	6.7	9.1	—	—	—
With mental deficiency	15.8	16.7	16.2	10.5	15.0	12.8	7.0	15.0	11.1	7.0	6.7	6.8	1.7	3.3	2.6
Undiagnosed psychoses	7.7	10.0	8.7	7.7	20.0	13.0	15.4	10.0	13.0	15.4	10.0	13.0	—	—	—
Without psychoses	16.0	—	10.5	12.0	23.0	15.8	8.0	15.4	10.5	4.0	—	2.6	8.0	—	5.3
All Clinical groups	10.0	10.3	10.1	9.5	8.9	9.3	7.3	8.4	7.9	8.9	9.2	9.0	7.3	6.7	6.9

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.

TABLE 42. — Admission Ages of First Court Admissions, 1929, by Psychoses; Percentage Distribution.¹ — Concluded.

	60-64 YEARS.			65-69 YEARS.			70-74 YEARS.			75-79 YEARS.			80 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
PSYCHOSES.															
Traumatic	12.5	—	10.0	12.5	—	10.0	12.5	—	10.0	—	50.0	10.0	—	—	—
Senile	7.0	9.1	8.5	13.9	16.2	15.5	19.8	20.2	20.0	28.0	22.0	24.0	27.8	26.4	26.8
With cerebral arteriosclerosis	15.8	10.8	13.6	18.7	20.7	19.6	19.8	22.2	20.8	18.3	10.8	15.0	16.6	16.3	16.6
General paralysis	4.8	10.8	5.8	3.7	2.7	3.5	1.6	—	1.3	—	—	—	—	—	—
With cerebral syphilis	8.3	—	5.9	25.0	—	17.7	16.7	—	11.7	—	—	—	—	—	—
Huntington's chorea	33.3	—	20.0	—	—	—	—	—	—	—	—	—	—	—	—
Brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other brain or nervous diseases	8.3	—	5.4	2.8	—	1.8	—	—	—	—	—	—	2.8	—	1.8
Alcoholic	5.6	4.5	5.5	4.7	4.5	4.6	1.4	—	1.3	.5	—	.4	—	—	—
Due to drugs and other exogenous toxins	14.3	—	7.7	—	16.6	7.7	—	—	—	—	—	—	—	—	—
Pellagra	33.3	100.0	50.0	—	—	—	—	—	—	—	—	—	—	—	—
Other somatic diseases	6.8	4.4	5.4	11.4	8.8	9.8	15.9	—	6.3	4.6	1.4	2.7	4.6	—	1.8
Manic-depressive	6.7	3.1	4.4	4.5	3.5	3.9	.7	.4	.5	.7	—	—	—	—	—
Involution melancholia	25.8	10.2	14.7	3.2	3.9	3.7	—	—	—	—	—	—	—	—	—
Dementia praecox	.2	1.1	1.7	—	1.7	3.8	—	.3	.1	—	—	—	—	—	—
Paranoia or paranoid conditions	—	11.3	7.7	—	8.1	5.5	—	1.6	1.1	3.5	—	1.1	—	—	—
Epileptic psychoses	—	6.7	2.6	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses and neuroses	5.6	—	4.8	—	—	—	—	6.7	3.0	—	—	—	—	—	—
With Psychopathic personality	1.7	1.6	1.7	—	1.7	—	—	3.3	1.7	—	—	—	—	—	—
With Mental deficiency	—	—	—	—	10.0	4.4	—	—	2.6	4.0	—	—	—	—	—
Undiagnosed psychoses	4.0	—	2.6	—	—	—	—	7.7	2.6	—	—	2.6	—	—	—
Without psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All clinical groups	6.5	5.6	6.1	6.2	7.5	6.9	5.6	6.4	6.1	5.8	4.7	4.9	4.5	5.7	5.1

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.

TABLE 43. — *Admission Ages of All Temporary Admissions, 1929, by Psychoses; Percentage Distribution.*¹

PSYCHOSES.	TOTAL.		UNDER 15 YEARS.		15-19 YEARS.		20-24 YEARS.		25-29 YEARS.		30-34 YEARS.		35-39 YEARS.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Traumatic	100.0	100.0	—	—	—	—	—	—	10.0	—	30.0	—	10.0	—
Senile	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	8.4
With cerebral arteriosclerosis	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral syphilis	100.0	100.0	—	9.1	—	—	3.5	2.9	—	27.2	10.5	—	19.2	18.2
With Huntington's chorea	100.0	100.0	—	—	—	—	—	—	14.3	—	—	—	—	25.0
With brain tumor	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	18.2
With other brain or nervous diseases	100.0	100.0	—	—	33.3	—	—	—	—	—	—	—	—	—
Alcoholic	100.0	100.0	5.9	—	23.6	5.5	2.9	5.5	—	16.7	5.9	—	8.8	16.7
Due to drugs and other exogenous toxins	100.0	100.0	—	—	1.0	—	3.5	3.1	7.5	11.1	15.6	3.7	14.1	11.5
With pellagra	100.0	100.0	—	—	—	—	—	—	14.3	12.5	14.3	—	7.1	25.0
With other somatic diseases	100.0	100.0	—	—	—	—	—	—	—	—	—	—	100.0	13.6
Manic-depressive	100.0	100.0	—	—	—	—	4.0	12.8	—	17.9	4.0	15.4	8.0	12.8
Involution melancholia	100.0	100.0	—	—	5.9	6.0	18.6	13.1	9.8	12.0	8.8	16.6	13.7	12.0
Dementia praecox	100.0	100.0	—	—	—	—	—	—	—	—	—	—	13.3	10.0
Paranoia or paranoid conditions	100.0	100.0	—	—	9.3	5.7	26.5	20.2	21.2	19.5	13.9	12.2	17.8	17.9
Epileptic psychoses	100.0	100.0	3.3	9.1	16.7	9.1	3.6	1.2	—	1.9	14.3	9.4	7.1	22.6
Psychoneuroses and neuroses	100.0	100.0	10.8	—	5.4	26.6	8.1	13.3	13.3	9.1	23.3	36.4	13.3	18.2
With psychopathic personality	100.0	100.0	6.3	—	12.5	21.4	18.2	10.4	21.6	13.3	13.5	16.6	13.5	16.6
With mental deficiency	100.0	100.0	7.7	—	23.0	17.6	16.7	15.9	—	14.3	15.0	10.7	12.5	10.7
Undiagnosed psychoses	100.0	100.0	—	—	7.8	8.5	38.5	16.7	7.7	17.6	25.4	5.9	7.7	23.5
Without psychoses	100.0	100.0	7.2	—	13.2	36.4	7.8	20.2	11.7	6.0	11.7	13.2	13.7	21.7
Diagnosis deferred	100.0	100.0	8.3	2.9	8.3	2.9	13.8	11.3	11.9	6.8	11.3	5.6	10.8	9.7
All clinical groups	2.9	2.3	2.9	2.3	7.9	13.9	11.1	9.5	10.3	10.3	11.8	9.6	11.5	14.4

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95. Includes Temporary Care and Observation Admissions.

TABLE 43. — Admission Ages of All Temporary Admissions, 1929, by Psychoses; Percentage Distribution.¹ — Concluded.

PSYCHOSES.	40-44 YEARS.		45-49 YEARS.		50-54 YEARS.		55-59 YEARS.		60-64 YEARS.		65-69 YEARS.		70 YEARS AND OVER.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Traumatic	20.0	50.0	25.0	—	10.0	—	8.4	—	—	50.0	8.3	—	10.0	—
Senile	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	1.9	5.5	3.6	—	1.9	13.9	6.9	—	—	5.5	4.0	—	10.0	8.4
General paralysis	12.3	9.1	11.7	10.5	27.2	13.2	4.6	25.4	27.8	26.4	20.0	—	100.0	68.0
With cerebral syphilis	14.3	—	9.1	10.5	17.5	9.1	17.0	15.9	—	13.2	19.5	—	33.4	25.0
With Huntington's chorea	—	—	—	28.6	50.0	18.2	—	14.3	25.0	18.2	—	—	—	—
With brain tumor	33.3	—	16.7	—	—	66.6	33.3	—	—	—	—	—	—	—
With other brain or nervous diseases	11.7	5.5	9.6	14.7	22.2	17.3	—	—	—	—	—	—	—	—
Alcoholic	18.6	14.8	18.1	13.5	25.9	15.0	11.7	5.5	9.6	8.8	5.5	3.8	—	5.5
Due to drugs and other exogenous toxins	21.4	25.0	22.7	28.6	12.5	22.7	8.0	7.4	8.0	2.5	—	—	1.5	1.3
With pellagra	—	—	—	—	—	25.0	9.0	—	—	7.1	—	4.5	—	—
With other somatic diseases	20.0	7.7	12.5	4.0	12.8	9.4	—	100.0	50.0	—	—	—	—	—
Manic-depressive	7.8	13.3	11.1	6.8	12.0	9.9	—	16.0	7.7	10.9	—	—	—	—
Involution melancholia	20.0	5.0	11.4	9.8	6.0	7.5	10.8	10.0	10.3	4.9	2.6	3.5	12.0	4.9
Dementia praecox	11.9	16.2	13.8	26.6	40.0	34.3	6.6	6.6	10.0	8.5	—	—	—	—
Paranoia or paranoid conditions	17.8	13.2	14.8	4.6	4.9	4.7	6.4	4.0	2.2	—	—	—	6.6	2.8
Epileptic psychoses	20.0	3.3	14.6	7.1	13.2	11.1	21.4	15.0	17.3	—	7.5	5.0	—	—
Psychoneuroses and neuroses	10.8	3.3	7.5	3.3	9.1	4.9	—	9.1	12.3	—	—	1.9	1.2	3.7
With psychopathic personality	6.3	14.3	11.1	10.8	6.0	8.9	2.7	—	2.4	—	—	—	—	—
With mental deficiency	—	—	—	6.3	7.7	6.8	—	2.7	—	1.5	—	3.3	1.5	—
Undiagnosed psychoses	14.7	10.8	12.9	8.8	4.8	7.0	—	6.3	—	2.3	—	—	—	—
Without psychoses	8.3	8.5	7.7	8.8	10.8	9.7	5.9	2.4	4.3	4.9	1.2	3.2	1.9	—
Diagnosis deferred	16.6	17.6	17.4	16.6	14.7	15.2	2.5	2.8	2.6	1.4	2.0	1.6	2.7	2.0
All clinical groups	11.9	10.9	11.6	9.3	9.9	9.5	6.5	5.9	6.3	3.5	2.7	3.1	2.4	3.0

¹Includes all State Hospitals Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95. Includes Temporary Care and Observation Admissions.

ADMISSION AGES OF ALL TEMPORARY ADMISSIONS, BY PSYCHOSES.

The total number of all temporary admissions for 1929 was 2,240: 1,276 males, and 964 females. The average age for both sexes was 38.0 years: 38.8 years for males and 37.0 years for females. The percentage distributions of age groups of all temporary admissions for the various psychoses are outlined in Table 43.

The modal age groups for both sexes for senile psychoses was 70 years or higher; for psychoses with cerebral arteriosclerosis, 55 to 59 years; for general paralysis, 35 to 39 years. The modal age for psychoses with brain tumor was 50 to 54 years; for alcoholic psychoses, 40 to 44 years; for psychoses with other somatic diseases, 60 to 64 years. The modal age for manic-depressive psychoses was 30 to 34 years; for involution melancholia, 45 to 49 years; for dementia praecox, 20 to 24 years; for paranoia or paranoid conditions, 35 to 39 years; for epileptic psychoses, 30 to 34 years; for psychoneuroses and neuroses, 25 to 29 years; for psychoses with psychopathic personality, 15 to 19 years; for psychoses with mental deficiency, 15 to 19 years; for undiagnosed psychoses, 35 to 39 years; and for cases without psychoses, 15 to 19 years.

In considering the totals for all clinical groups, we observe that the mode falls in the age group 35-39 years. However, in considering the admission ages of these temporary care cases, we observe that 57 per cent are admitted under the age of 40 years. We also note that the tendency for an even spread of admission age up to 70 years is not observed in this type of case as it was in the first admissions. Judging from the age of admission, we may say that the type of case admitted under temporary care will probably come into the hospital under the age of 40 years. The age groups 50-59 years are not observed as often as in the regularly committed cases, and cases admitted over the age of 60 on the temporary care form are comparatively rare.

ADMISSION AGES OF ALL COURT READMISSIONS, BY PSYCHOSES.

The total number of regular court readmissions for 1929 was 727: males 398 and females 329. The average age for both sexes was 43.8 years: for males 43.1 years, and for females 44.7 years. Table 44 gives the percentage distributions of ages of court readmissions for the various psychoses.

TABLE 44. — *Admission Ages of All Readmissions by Court Commitment, 1929, by Psychoses; Percentage Distribution.*¹

PSYCHOSES.	TOTAL.		UNDER 15 YEARS.			15-19 YEARS.			20-24 YEARS.			25-29 YEARS.			30-34 YEARS.			35-39 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.		
Traumatic.	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	100.0	—	—	—	—	—		
Senile	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
With cerebral arteriosclerosis.	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
General paralysis	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	17.4	9.0	8.6	—		
With cerebral syphilis	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
With Huntington's chorea	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	100.0	—	—	—		
Brain tumor	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
With other brain or nervous diseases	100.0	100.0	100.0	—	—	—	16.7	—	11.1	16.7	33.3	22.2	16.7	—	11.1	50.0	—	—		
Alcoholic	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	8.6	14.2	9.5	11.4		
Due to drugs and other exogenous toxins	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	50.0	—	—		
With pellagra	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
With other somatic diseases	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	20.0	10.0	—	20.0		
Manic-depressive	100.0	100.0	100.0	1.0	1.5	1.3	3.2	8.1	6.1	5.4	5.9	5.7	10.9	12.6	11.4	10.9	15.5	13.7		
Involution melancholia	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	12.5	10.0		
Dementia praecox	100.0	100.0	100.0	1.9	1.8	1.9	8.4	6.4	7.5	17.4	11.8	15.0	24.5	20.9	23.0	12.9	9.0	11.3		
Paranoia or paranoid conditions	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	22.2	14.3	—	—		
Epileptic psychoses	100.0	100.0	100.0	25.0	—	16.6	—	25.0	8.3	—	25.0	8.3	25.0	25.0	25.0	12.5	25.0	16.6		
Psychoneuroses and neuroses	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	33.3	33.3	—	33.3		
With psychopathic personality	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	25.0	—	100.0	25.0		
With mental deficiency	100.0	100.0	100.0	4.3	—	—	17.3	23.0	19.4	13.0	7.7	11.1	17.3	7.7	13.9	34.8	30.7	33.3		
Undiagnosed psychoses	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	33.3	—	100.0	14.3		
Without psychoses	100.0	100.0	100.0	—	—	—	—	—	—	—	—	—	20.0	40.0	30.0	20.0	40.0	20.0		
All clinical groups	100.0	100.0	100.0	.2	—	.1	1.8	1.4	1.5	5.3	7.9	6.5	9.8	7.6	8.8	17.6	14.3	16.3		
																12.1	12.1	12.1		

¹Includes all State Hospitals Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.

TABLE 44. — Admission Ages of All Readmissions by Court Commitment, 1929, by Psychoses; Percentage Distribution. — Concluded.¹

PSYCHOSES.	40-44 YEARS.		45-49 YEARS.		50-54 YEARS.		55-59 YEARS.		60-64 YEARS.		65-69 YEARS.		70 YEARS AND OVER.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Traumatic	—	—	—	—	—	—	40.0	—	—	—	—	—	60.0	75.0
Senile	5.3	—	—	—	—	—	—	15.5	—	—	—	—	—	—
With cerebral arteriosclerosis	27.3	2.8	—	—	11.8	5.5	18.2	17.6	10.5	17.6	25.0	36.8	47.3	69.0
General paralysis	—	26.0	9.0	8.6	13.6	13.0	100.0	17.4	4.5	4.3	100.0	—	35.4	41.7
With cerebral syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—	100.0	—	—	—	—	—	—	—
Brain tumor	—	—	—	—	—	—	100.0	—	—	—	—	—	—	—
With other brain or nervous diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic	11.4	14.2	11.9	33.3	22.8	33.3	5.7	14.2	11.4	14.2	—	2.8	—	—
Due to drugs and other exogenous toxins	50.0	—	50.0	—	—	—	—	—	—	—	—	—	—	—
With pellagra	40.0	40.0	—	—	20.0	20.0	—	—	40.0	—	—	—	—	—
With other somatic diseases	9.8	9.6	10.9	11.1	14.1	11.8	14.1	6.6	5.4	7.4	13.0	7.4	1.0	2.2
Manic-depressive	—	20.0	50.0	12.5	—	12.5	—	10.0	—	12.5	50.0	12.5	20.0	1.8
Involution melancholia	16.1	14.5	9.0	12.7	6.4	8.2	1.9	3.6	.6	5.4	.6	2.7	—	3.0
Dementia praecox	20.0	11.1	20.0	7.1	20.0	11.1	20.0	22.2	20.0	22.2	21.4	—	—	1.5
Paranoid or paranoid conditions	12.5	—	—	—	25.0	16.6	—	—	—	—	—	—	—	—
Epileptic psychoses	—	8.3	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses and personalities	—	—	—	—	33.3	—	—	—	—	—	—	50.0	33.3	—
With psychopathic personality	—	8.3	8.7	—	16.6	7.7	—	—	4.3	—	—	—	—	—
With mental deficiency	50.0	—	—	—	—	14.3	—	—	—	—	—	—	—	—
Undiagnosed psychoses	—	—	—	20.0	—	—	—	—	—	—	—	—	20.0	—
Without psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	10.0
All clinical groups	13.3	11.6	12.5	9.8	10.0	10.6	6.8	6.0	4.3	6.9	5.5	6.4	3.5	5.4
				9.8		10.3		6.5		5.5		5.9		4.2

¹Includes all State Hospitals Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.

The modal age group for both sexes with senile psychoses was 70 years or higher; for psychoses with cerebral arteriosclerosis, 65 to 69 years; for general paralysis, 40 to 44 years. For psychoses with other brain or nervous diseases, the modal age was 30 to 34 years; for alcoholic psychoses, 50 to 54 years; for psychoses with other somatic diseases, 40 to 44 years; for manic-depressive psychoses, 35 to 39 years; for dementia praecox, 30 to 34 years; for epileptic psychoses, 30 to 34 years; for psychoses with mental deficiency, 35 to 39 years; for undiagnosed psychoses, 40 to 44 years; and for cases without psychoses, 25 to 29 years.

When we consider the ages of all clinical groups combined, we observed that the modal age falls in the group 30-34 years. This modal age is lower by five years than that observed in either regular commitments or temporary care admissions. We observe that 67 per cent of the readmissions fall in the age groups 30-59 years.

Readmissions under 30 years of age are comparatively rare. In comparison with regular first admissions, readmissions are not observed as consistently in the age groups 70 years or higher. That is, we observe that first admissions are spread out quite uniformly between the ages of 20 and 80 years. However, we see that temporary care admissions tend to enter the hospital under the age of 40 years, and that the readmissions tend to occur between the ages of 30 and 59 years. Readmissions show an unexpected decrease in the age groups 60 years or higher.

AVERAGE ADMISSION AGES OF FIRST COURT ADMISSIONS, COURT READMISSIONS,
AND ALL TEMPORARY CARE ADMISSIONS, BY PSYCHOSES.

Table 45 outlines the average age at admission for first regular court admissions, temporary care admissions, and all readmissions for the year 1929, by psychoses. In considering all psychoses we observe that the average age of first admissions was 48.42 years; for readmissions, 43.87 years; and temporary care admissions, 38.06 years. We observe that the readmissions are readmitted at a lower average age than the first admissions. However, it should be recalled that the senile psychoses and psychoses with cerebral arteriosclerosis with their high admission ages make up large proportions of the first admissions. These psychoses and others admitting patients at older ages are comparatively rare among the readmissions.

TABLE 45. — *Average Admission Ages of First Court Admissions, Court Readmissions, and All Temporary Care Admissions, 1929, by Psychoses.*¹

PSYCHOSES.	AVERAGE AGE AT ADMISSION IN YEARS.			
	All Admissions.	First Admissions.	Readmissions.	Temporary Care.
Traumatic	47.28	52.00	27.50	45.00
Senile	74.30	74.44	72.92	69.48
With cerebral arteriosclerosis	69.29	70.24	69.50	63.88
General paralysis	45.74	45.80	46.63	44.59
With cerebral syphilis	52.32	54.26	57.50	48.86
With Huntington's chorea	47.50	50.50	32.50	—
With brain tumor	42.08	40.50	57.50	40.83
With other brain or nervous diseases	39.68	40.07	31.94	40.77
Alcoholic	45.19	47.14	48.80	42.50
Due to drugs and other exogenous toxins	44.12	47.11	37.50	42.95
Pellagra	50.00	51.25	—	47.50
Somatic	47.29	49.16	47.00	40.93
Manic-depressive	41.05	39.90	45.75	38.60
Involution melancholia	51.85	52.45	52.50	49.80
Dementia praecox	34.60	34.01	38.31	32.54
Paranoia or paranoid conditions	47.33	47.88	48.92	46.45
Epileptic psychoses	33.19	33.65	33.75	32.59
Psychoneuroses and neuroses	33.15	35.23	45.83	31.27
With psychopathic personality	32.78	32.98	37.50	32.20
With mental deficiency	35.01	36.91	34.22	30.40
Undiagnosed psychoses	37.30	37.06	40.35	37.21
Without psychoses	32.26	36.39	36.00	31.95
All Clinical Groups	44.01	48.42	43.87	38.06

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals, Nos. 107 and 95. Includes Temporary Care and Observation Admissions.

Considering the diagnoses presenting the larger number of admissions, we see that the average age of readmissions is less in senile psychoses (first admissions, 74.44 years — readmissions, 72.92 years); psychoses with cerebral arteriosclerosis (first admissions, 70.24 years — readmissions, 69.50 years); psychoses with mental deficiency (first admissions, 36.91 years — readmissions, 34.22 years); and without psychoses (first admissions, 36.39 years — readmissions, 36.00 years.) In the following psychoses the readmission age is higher than the first admission age; general paralysis (first admissions, 45.80 years — readmissions, 46.63 years); alcoholic psychoses (first admissions, 47.14 years — readmissions, 48.80 years); manic-depressive (first admissions, 39.90 years — readmissions, 45.75 years); dementia praecox (first admissions, 34.01 years — readmissions, 38.31 years); and epileptic psychoses (first admissions, 33.65 years — readmissions, 33.75 years). We observe quite uniformly that the average age for temporary care admissions in all psychoses is below the average for first admissions and readmissions. As the use of the temporary care form of admission measures, to a certain extent, the success of community mental hygiene activities, we note with interest that the temporary care admissions are coming into our mental hospitals approximately 10 years before the first admissions by court commitment.

ALL VOLUNTARY CARE ADMISSIONS.

Table 46 gives the numbers and percentage distribution of the voluntary care admissions to hospitals for mental diseases during 1929 by psychoses and sex. The highest proportion of voluntary care admissions are observed in cases without psychoses, 43.2 per cent; epileptic psychoses, 26.4 per cent; manic-depressive psychoses 12.4 per cent; and dementia praecox, 4.1 per cent. The lowest proportion of voluntary care admissions are observed in psychoses with cerebral syphilis, .3 per cent; involution melancholia, .3 per cent; paranoia, .3 per cent; and psychoses with psychopathic personality, .3 per cent. Insofar as we are dealing with small numbers, it is difficult to discuss the sex differences.

TABLE 46. — *Psychoses of Voluntary Care Admissions to Hospitals for Mental Diseases, 1929; Percentage Distribution.*¹

PSYCHOSES	NUMBER.			PERCENTAGE.		
	M.	F.	T.	M.	F.	T.
Traumatic	—	—	—	—	—	—
Senile	—	—	—	—	—	—
With cerebral arteriosclerosis	2	—	2	1.3	—	.8
General paralysis	5	—	5	3.2	—	1.9
With cerebral syphilis	1	—	1	.6	—	.3
With Huntington's chorea	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—
With other brain or nervous diseases	1	1	2	.6	.9	.8
Alcoholic	4	—	4	2.6	—	1.5
Due to drugs and other exogenous toxins	—	—	—	—	—	—
With pellagra	—	—	—	—	—	—
With other somatic diseases	1	5	6	.6	4.5	2.3
Manic-depressive	21	12	33	13.5	10.8	12.4
Involution melancholia	—	1	1	—	.9	.3
Dementia praecox	4	7	11	2.6	6.3	4.1
Paranoia or paranoid conditions	—	1	1	—	.9	.3
Epileptic psychoses	39	31	70	25.2	27.9	26.4
Psychoneuroses and neuroses	4	6	10	2.6	5.4	3.8
With psychopathic personality	—	1	1	—	.9	.3
With mental deficiency	2	—	2	1.3	—	.8
Undiagnosed psychoses	2	—	2	1.3	—	.8
Without psychoses	69	46	115	44.6	41.5	43.2
All Clinical Groups	155	111	266	100.0	100.0	100.0

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.

If we compare this data with that in Table 38 (First Admissions, Readmissions and Temporary Care Admissions, 1929, by Psychoses; Percentage Distribution) we note that psychoses with cerebral arteriosclerosis, general paralysis, alcoholic psychoses, dementia praecox, and psychoses with mental deficiency are under-represented in these voluntary admissions. We observe that manic-depressive psychoses show a similar percentage. However, the epileptic psychoses and cases without psychoses are greatly over-represented. The voluntary care admissions present relatively twenty-two times as many cases of psychoses with epilepsy and thirty-six times as many cases without psychoses as is observed in first regular admissions.

ALL CASES ADMITTED BY TRANSFER.

Table 47 gives the number and percentage distribution of all cases admitted by transfer to hospitals for mental diseases during the year 1929 by psychoses and sex. We note that 428 patients were transferred from one mental hospital to another during the year 1929, (198 males and 230 females). Psychoses making up the greater proportion of these transfers were: dementia praecox, 55.6 per cent; manic-depressive psychoses, 12.2 per cent; general paralysis, 7.9 per cent; and psychoses with mental deficiency, 4.9 per cent. The following psychoses were represented in the smallest proportion: psychoses with cerebral syphilis, .4 per cent; psychoses with Huntington's chorea, .4 per cent; psychoneuroses, .7 per cent; and psychoses with psychopathic personality, .9 per cent. The sex difference observed follows mainly the admission rates for the particular psychoses. Thus we see 14.7 per cent of males transferred as contrasted with 2.1 per cent of females in general paralysis. In manic-depressive, we see 7.1 per cent of males and 16.6 per cent of females. In psychoses with mental deficiency we note 1.5 per cent of males transferred as compared with 7.5 per cent of females.

TABLE 47. — *Psychoses of All Cases Admitted by Transfer to Hospitals for Mental Diseases, 1929; Percentage Distribution.*¹

PSYCHOSES.	NUMBER.			PERCENTAGE		
	M.	F.	T.	M.	F.	T.
Traumatic	—	—	—	—	—	—
Senile	1	4	5	.5	1.7	1.2
With cerebral arteriosclerosis	6	2	8	3.0	.9	1.9
General paralysis	29	5	34	14.7	2.1	7.9
With cerebral syphilis	1	1	2	.5	.4	.4
With Huntington's chorea	2	—	2	1.0	—	.4
With brain tumor	—	—	—	—	—	—
With other brain or nervous diseases	4	2	6	2.0	.9	1.4
Alcoholic	9	7	16	4.6	3.1	3.8
Due to drugs and other exogenous toxins	—	—	—	—	—	—
With pellagra	2	3	5	1.0	1.4	1.2
With other somatic diseases	2	3	5	1.0	1.4	1.2
Manic-depressive	14	38	52	7.1	16.6	12.2
Involution melancholia	2	7	9	1.0	3.1	2.1
Dementia praecox	111	127	238	56.1	55.3	55.6
Paranoia or paranoid conditions	3	6	9	1.5	2.7	2.1
Epileptic psychoses	4	1	5	2.0	.4	1.2
Psychoneuroses and neuroses	2	1	3	1.0	.4	.7
With psychopathic personality	1	3	4	.5	1.4	.9
With mental deficiency	3	18	21	1.5	7.5	4.9
Undiagnosed psychoses	4	1	5	2.0	.4	1.2
Without psychoses	—	4	4	—	1.7	.9
Total	198	230	428	100.0	100.0	100.0

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.

Section C. All Discharges from Mental Hospitals during 1929.

The following section presents data in reference to all cases discharged from mental hospitals during the year ended September 30, 1929. This presentation does not include a discussion of the deaths which follows in another section.

MENTAL CONDITION OF COMMITTED PATIENTS DISCHARGED.

Table 48 reveals that 1,708 regularly committed cases were discharged during the year: 362 as recovered, 1,019 as improved, 277 as unimproved, and 50 as without psychoses. It also states the rates per 100 admissions of the same diagnosis for each specific mental condition of the discharges. A discharge rate based on the relationship of discharges to admissions for the same year is one that is commonly used in statistics of mental diseases, in spite of the fact that it is not especially accurate. The rate for all cases discharged per 100 admissions for the same year is 45.2: 47.3 for males and 43.0 for females. In the discussion only admissions and discharges under regular commitment are considered. When the individual psychoses are compared, the highest rate occurs in psychoses with psychopathic personality, 108.1 discharges per each 100 admissions for the same psychoses. Next in order come those cases which were diagnosed as without psychoses, with a discharge rate of 104.1 per each 100 admissions. Psychoses due to drugs and other exogenous toxins, and psychoneuroses and neuroses each have a discharge rate of 73.3. Following in order are: traumatic psychoses, 72.7; manic-depressive psychoses, 68.1; alcoholic psychoses, 61.7; dementia praecox, 50.7; epileptic psychoses, 50.0. The most significant of these rates is that for manic-depressive psychoses and dementia praecox, as the others are based on relatively small numbers.

The lowest rate is that for senile psychoses, 14.5 showing that one out of six admissions with this diagnosis is discharged. The next lowest rate is for psychoses with cerebral arteriosclerosis, 15.2, and for psychoses with Huntington's chorea, 16.6. The majority of psychoses not mentioned specifically do not differ significantly from the average for all psychoses.

Considering the rates for the totals in each mental condition we note that those discharged as "improved" have the highest rate per 100 admissions, 27.0. The "recovered" and the "unimproved" rates of 9.6 and 7.3 are comparatively the same, while the rate for "without psychoses" is much smaller, 1.3.

The psychoses having the largest proportion of recoveries in comparison with admissions are: manic-depressive (30.0 cases discharged as recovered per 100 admissions for the same psychoses); alcoholic psychoses, 24.5; psychoses due to drugs and other exogenous toxins, 20.0; and psychoses with psychopathic personality, 18.9.

The psychoses showing the smallest proportion of recoveries are: dementia praecox (4.2 cases discharged as recovered per 100 admissions for the same psychoses); psychoses with cerebral arteriosclerosis, 1.3; paranoia or paranoid conditions, .9; and senile psychoses, .3.

The psychoses having the largest proportion of cases "improved" in comparison with admissions are those with psychopathic personality (75.7 cases discharged as improved per 100 admissions of the same psychoses); traumatic psychoses, 63.6; psychoses with cerebral syphilis, 61.1. Psychoneuroses and undiagnosed psychoses each have the same rate, 53.3. Both senile psychoses and psychoses with cerebral arteriosclerosis present small proportions of cases discharged as improved (10.4 cases per 100 admissions of the same psychoses).

For cases which were diagnosed as "without psychoses", the discharge rate is 104.1 per 100 admissions of the same psychoses.

TABLE 48. — *Mental Condition of All Committed Cases Discharged during 1929, by Psychoses: Rates per 100 Admissions of Same Diagnoses.*¹

PSYCHOSES.	ALL ADMISSIONS. ²			ALL DISCHARGES. ²			RECOVERED.		
	NUMBER.			NUMBER.			NUMBER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	9	2	11	7	1	8	77.7	50.0	72.7
Senile	91	205	296	14	29	43	15.3	14.1	14.5
Cerebral arteriosclerosis	297	229	526	46	34	80	15.5	14.8	15.2
General paralysis	211	38	249	53	15	68	25.1	39.5	27.3
With cerebral syphilis	13	5	18	7	6	13	53.8	120.0	72.2
With Huntington's chorea	4	2	6	—	1	1	—	50.0	16.6
Brain tumor	3	3	6	—	—	—	—	—	—
With other brain or nervous diseases	42	23	65	18	2	20	42.8	8.7	30.7
Alcoholic	248	29	277	148	23	171	59.7	79.3	61.7
Due to drugs and other exogenous toxins	9	6	15	8	3	11	88.9	50.0	73.3
With pellagra	3	1	4	—	—	—	—	—	—
With other somatic diseases	49	73	122	9	40	49	18.5	54.8	40.1
Manic-depressive	226	389	615	171	248	419	75.7	63.6	68.1
Involution melancholia	33	86	119	20	35	55	60.6	40.7	46.2
Dementia praecox	506	470	976	282	213	495	55.7	45.3	50.7
Paranoia or paranoid conditions	34	71	105	22	26	48	64.7	36.6	45.7
Epileptic psychoses	31	19	50	16	9	25	51.6	47.3	50.0
Psychoneuroses and neuroses	12	33	45	13	20	33	108.3	60.6	73.3
With psychopathic personality	21	16	37	23	17	40	109.5	106.2	108.1
Mental deficiency	80	73	153	35	24	59	43.7	32.9	38.5
Undiagnosed psychoses	19	11	30	12	8	20	63.1	72.7	66.6
Without psychoses	30	18	48	29	21	50	96.6	116.6	104.1
Total	1,971	1,802	3,773	933	775	1,708	47.3	43.0	45.2
				213	149	362	10.8	8.2	9.6

TABLE 48. — *Mental Condition of All Committed Cases Discharged during 1919, by Psychoses: Rates per 100 Admissions of Same Diagnoses.*¹ — Concluded.

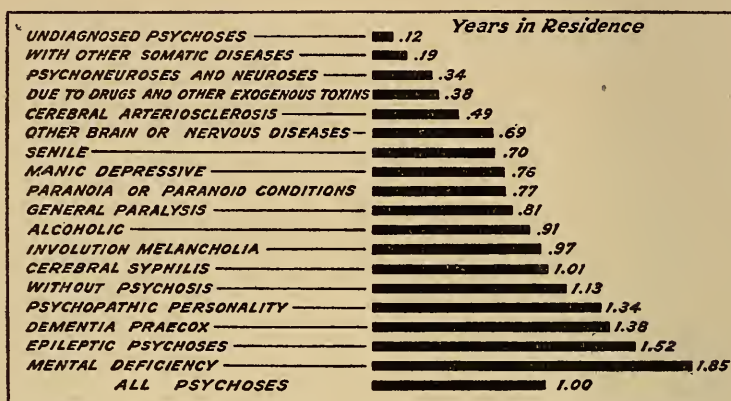
PSYCHOSES.	IMPROVED.			UNIMPROVED.			WITHOUT PSYCHOSES.											
	NUMBER.			RATE.			NUMBER.			RATE.								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
Traumatic	6	1	7	66.6	50.0	63.6	1	—	1	11.1	—	9.0	—	—	—			
Senile	10	21	31	10.9	10.2	10.4	3	8	11	3.3	3.7	3.7	—	—	—			
Cerebral arteriosclerosis	24	31	55	8.0	13.5	10.4	17	1	18	5.7	.4	3.4	—	—	—			
General paralysis	38	14	52	18.0	36.8	20.8	15	1	16	7.1	2.6	6.4	—	—	—			
With cerebral syphilis	5	6	11	38.4	120.0	61.1	1	—	1	7.7	—	5.5	—	—	—			
With Huntington's chorea	—	1	1	—	50.0	16.6	—	—	—	—	—	—	—	—	—			
Brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
With other brain or nervous diseases	14	1	15	33.3	4.3	23.0	3	1	4	7.1	4.3	6.1	—	—	—			
Alcoholic	61	17	78	24.6	58.6	28.1	24	1	25	9.7	3.4	9.0	—	—	—			
Due to drugs and other exogenous toxins	5	2	7	55.5	33.3	46.6	1	—	1	11.1	—	6.6	—	—	—			
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
With other somatic diseases	5	23	28	10.2	32.6	22.9	1	8	9	2.0	10.1	7.4	—	—	—			
Manic-depressive	74	125	199	32.7	31.8	32.3	13	22	35	5.7	5.6	5.7	—	—	—			
Involution melancholia	10	28	38	30.3	32.5	31.9	2	3	5	6.0	3.5	4.2	—	—	—			
Dementia praecox	188	160	348	37.1	34.0	35.6	70	36	106	13.8	7.6	10.8	—	—	—			
Paranoia or paranoid conditions	14	18	32	41.2	25.3	30.5	7	8	15	20.6	11.2	14.3	—	—	—			
Epileptic psychoses	13	5	18	41.3	26.3	36.0	3	4	7	9.7	21.0	14.0	—	—	—			
Psychoneuroses and neuroses	9	15	24	75.0	43.6	53.3	1	3	4	8.3	9.0	8.9	—	—	—			
With psychopathic personality	15	13	28	71.4	81.2	75.7	3	2	5	14.3	12.5	13.5	—	—	—			
Mental deficiency	14	17	31	17.0	23.3	20.2	11	3	14	13.7	4.1	9.1	—	—	—			
Undiagnosed psychoses	10	6	16	52.6	54.5	53.3	—	—	—	—	—	—	—	—	—			
Without psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Total	515	504	1,019	26.1	27.9	27.0	176	101	277	8.9	5.6	7.3	29	21	50	1.5	1.1	1.3

¹Includes all State Hospitals Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.

²Includes admissions and discharges under regular court commitment.

AVERAGE TIME WITHIN INSTITUTION DURING THIS ADMISSION OF COMMITTED PATIENTS DISCHARGED.

The average hospital stay in years for all psychoses and for both sexes is 1.00 years (Table 49 and Graph 3). Patients who are discharged as "recovered" remain approximately three-fifths of a year. Those discharged as "improved" remain a longer time, .97 years. Patients discharged as "unimproved" remain the longest period of all, one and three-fifths years. Those discharged as "without psychoses" remain one and one-eighth years.



GRAPH. 3 — AVERAGE LENGTH OF TIME IN RESIDENCE, COMMITTED PATIENTS DISCHARGED FROM MENTAL HOSPITALS DURING 1929.

TABLE 49. — *Average Time in Years Spent in Institution during this Admission of Committed Patients Discharged from Hospitals for Mental Diseases, 1929.*¹

	PSYCHOSES. ²		AVERAGE TIME IN RESIDENCE IN YEARS.												WITHOUT PSYCHOSES.			
			TOTAL.						IMPROVED.								UNIMPROVED.	
			M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			M.	F.
Senile	.61	.75	.70	1.00	—	1.00	.31	.82	.65	1.50	.33	.62	—	—	—			
With cerebral arteriosclerosis	.75	.12	.49	.14	—	.32	.83	.13	.44	.75	.12	.69	—	—	—			
General paralysis	.73	1.08	.81	—	—	—	.77	1.12	.87	.61	.50	.60	—	—	—			
With cerebral syphilis	1.40	.50	1.01	12	—	.12	1.80	.50	1.09	.20	—	.20	—	—	—			
With other brain or nervous diseases	.71	.50	.69	—	—	—	.88	—	.82	.11	1.00	.33	—	—	—			
Alcoholic	.90	1.14	.91	.35	1.13	.40	1.28	1.05	1.22	1.20	2.50	1.26	—	—	—			
Due to drugs and other exogenous toxins	.27	.66	.38	.14	—	.09	.35	1.00	.54	.09	—	.09	—	—	—			
With other somatic diseases	.34	.16	.19	.27	.17	.20	.45	.19	.23	—	.07	.07	—	—	—			
Manic-depressive.	.78	.74	.76	.51	.50	.50	1.01	.82	.89	1.26	1.38	1.34	—	—	—			
Involution melancholia	.99	.96	.97	.16	.44	.25	1.75	1.04	1.22	.52	1.00	.80	—	—	—			
Dementia praecox	1.65	1.03	1.38	.79	.47	.66	1.38	.97	1.20	2.87	1.53	2.42	—	—	—			
Paranoia or paranoid conditions	.43	1.05	.77	5.00	—	5.00	.08	1.42	.83	.48	.22	.35	—	—	—			
Epileptic psychoses	1.50	1.80	1.52	—	—	—	1.72	.28	1.27	.66	3.26	2.15	—	—	—			
Psychoneuroses and neuroses	.06	.52	.34	.20	.06	.14	.02	.63	.40	—	.33	.25	—	—	—			
Psychopathic personality	1.32	1.38	1.34	1.83	1.36	1.69	1.14	1.13	1.14	1.33	3.02	2.00	—	—	—			
With mental deficiency	1.52	2.34	1.85	2.32	3.51	2.66	.88	1.52	1.23	1.61	5.37	2.42	—	—	—			
Undiagnosed psychoses	.19	—	.12	—	.02	.01	.23	—	.14	—	—	—	—	—	—			
Without psychoses	.62	1.83	1.13	—	—	—	—	—	—	—	—	—	—	.62	1.83	1.13		
Average — All clinical groups	1.07	.88	1.00	.59	.56	.59	1.09	.85	.97	1.72	1.35	1.57	.62	1.83	1.13			

¹The "Net Time in Institutions" which is used in this table, is ascertained by the subtraction of the "Total time out of Institution" from the "Total Time on Books of Institution."

²Psychoses presenting fewer than ten cases are not included.

The average length of stay in years for all discharges is longest in psychoses with mental deficiency (1.85 years). Epileptic psychoses (1.52 years), dementia praecox (1.38 years), and psychoses with psychopathic personality (1.34 years) remain the longest average periods. Patients with psychoses due to drugs (.38 years); psychoneuroses and neuroses (.34 years); with other somatic diseases (.19 years); and undiagnosed psychoses (.12 years), remain the shortest average periods.

It might be well to explain that these average lengths of hospital stay represent the time the patient actually spent within the institution excluding all time out on visit, etc.

In the "recovered group," patients with the following psychoses remain the longest average time in hospitals: paranoia or paranoid conditions, 5.00 years; psychoses with mental deficiency, 2.66 years; psychoses with psychopathic personality, 1.69 years; and senile psychoses, 1.00 years. Patients with the following psychoses remain the shortest average time: psychoneuroses and neuroses, .14 years; with cerebral syphilis, .12 years; psychoses due to drugs, .09 years; undiagnosed psychoses, .01 years.

In the groups considered as "improved" in mental condition, the following remained the longest average periods: epileptic psychoses, 1.27 years; psychoses with mental deficiency, 1.23 years; involution melancholia and alcoholic psychoses, each 1.22 years; dementia praecox, 1.20 years; and psychoses with psychopathic personality, 1.14 years. The shortest averages were observed in the psychoneuroses and neuroses, .40 years; with other somatic diseases, .23 years; and undiagnosed psychoses, .14 years.

For the group considered as "unimproved" in mental condition, the longest average stay was observed in the following: psychoses with mental deficiency, and dementia praecox, each 2.42 years; epileptic psychoses, 2.15 years; psychoses with psychopathic personality, 2.00 years. The shortest averages were observed in the following: psychoneuroses and neuroses, .25 years; with cerebral syphilis, .20 years; due to drugs, .09 years; and with other somatic diseases, .07 years. In the group "without psychoses," the average is 1.13 years.

In comparing the sexes, we observe in the total for all mental conditions a tendency for the males to remain a greater time in the institution; 12.8 months for males and 10.5 months for the females. In the "recovered" group we find little difference in the average length of hospital stay; males, 7.0 months and females, 6.7 months. In the "improved" group the males stay nearly three months longer than the females (males, 13.0 months — females, 10.2 months). In the "unimproved" group we see even a greater difference, males remaining 4 months longer than the females (males 20.6 months — females, 16.2 months).

NUMBER OF TIMES OUT ON VISIT, COMMITTED PATIENTS DISCHARGED.

The 1,708 cases discharged during 1929 had a total of 2,139 visits, or an average of 1.25 visits for each patient discharged (Table 50). We note that 19 per cent of these patients were discharged directly from the institution without being placed on visit; 53 per cent had one visit, 12 per cent two visits, 4 per cent three visits, and an additional 4 per cent had four or more visits previous to discharge. Considering the individual psychoses, the highest average number of times placed on visit is observed in the epileptic psychoses with an average of 1.64. This is followed in order by dementia praecox, 1.50, and psychoses with other brain or nervous diseases, 1.45. The lowest average number of times out on visit are observed in psychoses due to drugs, 1.00, psychoses with cerebral arteriosclerosis, .91, and psychoses with other somatic diseases, .81. In comparing these averages for different psychoses, we should recall that the number of visits is somewhat dependent upon the length of stay of patients. Obviously, patients with psychoses averaging longer periods of hospital residence will have more opportunity to leave the institution on visit.

TABLE 50. — *Number of Times Out on Visit of Committed Patients Discharged during 1929; by Psychoses.*¹

PSYCHOSES.	TOTAL.		NUMBER OF TIMES ON VISIT.							Average Number of Times Out
	Cases	Visits	None	One	Two	Three	Four-Six	Seven-Nine	Ten or More	
Traumatic	8	8	—	8	—	—	—	—	—	1.00
Senile	43	50	3	35	3	1	—	—	—	1.16
With cerebral arteriosclerosis	80	73	18	53	8	—	1	—	—	.91
General paralysis	68	80	10	43	11	2	2	—	—	1.17
Cerebral syphilis	13	15	2	8	2	1	—	—	—	1.15
With Huntington's chorea	1	1	—	1	—	—	—	—	—	1.00
With other brain or nervous diseases	20	29	2	14	3	—	—	1	—	1.45
Alcoholic	171	178	36	104	20	10	1	—	—	1.05
Due to drugs and other exogenous toxins	11	11	3	6	1	1	—	—	—	1.00
With other somatic diseases	49	40	13	33	2	1	—	—	—	.81
Manic-depressive	419	491	103	226	47	23	17	3	—	1.17
Involution melancholia	55	66	2	43	7	3	—	—	—	1.20
Dementia praecox	495	743	71	273	81	34	25	7	4	1.50
Paranoia or paranoid conditions	48	52	8	32	6	1	1	—	—	1.08
Epileptic psychoses	25	41	5	11	3	3	3	—	—	1.64
Psychoneuroses and neuroses	33	47	3	22	5	—	2	1	—	1.42
Psychopathic personality	40	56	9	20	6	2	1	2	—	1.40
With mental deficiency	59	76	10	37	9	—	1	2	—	1.28
Undiagnosed psychoses	20	22	3	15	1	—	1	—	—	1.10
Without psychoses	50	60	27	12	5	1	3	1	1	1.20
All clinical groups	1,708	2,139	328	996	220	83	59	17	5	1.25
Per cent	100.0		19.2	58.3	12.9	4.8	3.4	.9	.2	

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.

TIME SPENT OUT ON VISIT FOR DISCHARGES DURING 1929, COMPARED WITH
TIME SPENT OUT DURING PREVIOUS ADMISSIONS OF ALL READMITTED CASES
IN RESIDENCE ON SEPTEMBER 30, 1929.

The effort of each hospital has been directed toward the return of as many cases as possible to the community and the shortening of the period of hospital residence. In Table 51 we are making the comparison between cases admitted to our mental hospitals many years previously and cases discharged during the year 1929. We wish to ascertain whether or not patients discharged at the present time are remaining actually within the hospitals a greater proportion of the time than patients who were discharged in the past. We have analyzed all the readmitted cases in residence in our mental hospitals on September 30, 1929. This gives us a large sample (12,682 cases) of patients who have been admitted and discharged some years previously. We ascertained the length of time that these patients spent on the books of hospitals during their previous residence, and the time that they spent out of the institution, and calculated the percentage of the time on the books that these patients spent out of the institution.

TABLE 51. — *Percentage of Time Spent Out on Visit during Previous Admissions, All Readmitted Cases in Residence September 30, 1929; Compared with the Percentage of Time Spent Out on Visit for All Committed Cases Discharged during 1929.*¹

PSYCHOSES.	PERCENTAGE OF TIME SPENT ON VISIT PREVIOUS TO DISCHARGE.					
	During Previous Admission of All Readmissions in Residence, Sept. 30, 1929.			During Present Admission of All Cases Discharged, 1929.		
	M.	F.	T.	M.	F.	T.
Senile	15.79	8.69	10.06	65.53	63.58	64.28
With cerebral arteriosclerosis	37.16	35.82	36.15	55.35	91.04	68.11
General paralysis	17.43	17.51	17.46	65.40	52.19	62.32
With cerebral syphilis	14.87	10.17	12.50	41.06	75.00	54.29
With other brain or nervous diseases	9.92	20.43	13.11	62.63	75.00	63.87
Alcoholic	9.93	13.08	10.61	59.09	54.21	58.27
Due to drugs and other exogenous toxins	17.19	—	8.81	74.03	69.44	71.85
With other somatic diseases	11.59	27.53	16.66	60.46	87.20	83.75
Manic-depressive	24.30	27.45	26.03	58.94	63.26	61.11
Involution melancholia	32.94	22.08	23.64	58.11	59.10	58.71
Dementia praecox	12.74	12.24	12.43	48.59	58.63	52.41
Paranoia or paranoid conditions	10.37	17.50	15.18	82.30	54.54	67.51
Epileptic psychoses	12.26	9.43	10.81	45.25	37.93	44.32
Psychoneuroses and neuroses	53.65	14.06	22.80	95.48	77.09	82.10
With psychopathic personality	15.70	17.36	16.55	46.51	48.31	47.83
With mental deficiency	8.88	7.73	8.30	53.79	38.58	47.14
Without psychoses	12.57	14.06	13.20	47.00	37.05	42.10
All clinical groups	10.06	11.24	10.69	55.23	60.53	57.08

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.

Table 51 gives this information by psychoses and reveals that the readmissions in residence on September 30, 1929 had spent out of institutions 10.69 per cent of the total time on the books during *previous admissions*. On the other hand, we note that the cases *discharged during 1929* spent 57.08 per cent of their total time out of the institution during this admission. We see in this comparison that the patients are now spending nearly six times as much time out of institutions as they did in previous years. While the readmissions are a highly selected class and the 1929 discharges are made up of a combination of first admissions and readmissions, at the same time these factors would not entirely account for the higher proportions of time spent out of institutions as observed in the 1929 discharges. While there are no material differences between the sexes, we observe a slight tendency for the females to spend a larger proportion of time out of the institution.

In the previous admissions of all readmissions in residence, the following psychoses spent the highest proportion of time out of the institution on visit: psychoses with cerebral arteriosclerosis, 36.1 per cent of time on books; manic-depressive, 26.0 per cent; involution melancholia, 23.6 per cent; and psychoneuroses and neuroses, 22.8 per cent. The shortest proportions of time on visit are observed in alcoholic psychoses, 10.61 per cent of time on books; senile psychoses, 10.06 per cent; psychoses with mental deficiency, 8.3 per cent; and psychoses due to drugs, 8.81 per cent.

In cases discharged during 1929, the following psychoses reveal the highest proportion of time out of institution: psychoses with other somatic diseases, 83.7 per cent of time on books; psychoneuroses, 82.1 per cent; psychoses due to drugs, 71.8 per cent; and psychoses with cerebral arteriosclerosis, 68.1 per cent. The lowest percentages for time spent out on visit are observed in psychoses with psychopathic personality, 47.8 per cent of time on books; psychoses with mental deficiency, 47.1 per cent; epileptic psychoses, 44.3 per cent; and without psychoses, 42.1 per cent.

AVERAGE LENGTH OF TIME ON BOOKS DURING ALL ADMISSIONS, COURT CASES
DISCHARGED DURING 1929, BY ECONOMIC CONDITION.

There is a definite tendency for the cases of a "dependent" economic status to remain longer in mental hospitals (Table 52).

TABLE 52. — *Average Time on Books during All Admissions of Committed Patients
Discharged during 1929, by Economic Condition.*¹

ECONOMIC CONDITION.	TOTAL NUMBER.			AVERAGE IN YEARS.		
	M.	F.	T.	M.	F.	T.
Dependent	61	53	114	3.25	3.63	3.43
Marginal	790	650	1,440	3.09	2.92	3.01
Comfortable	78	71	149	1.80	3.21	2.48
Unknown	4	1	5	.62	.33	.56
Total	933	775	1,708	2.98	2.99	2.99

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.

Cases listed as "dependent" spent an average of 3.43 years on the books of mental hospitals during all admissions. The "marginal" group remained 3.01 years; the "comfortable" group remained 2.48 years. Thus, it is evident that the average for the group of "comfortable" economic status is approximately one year less than that of the "dependent" class. There are no marked differences between the sexes in the "dependent" and "marginal" group. However, in the "comfortable" group we observe that the females have a tendency to remain longer than the males.

Section D. Deaths in Mental Hospitals during the Year 1929.

The following section is devoted to the presentation of certain facts in relation to patients dying in mental hospitals during the statistical year ended September 30, 1929.

DEATHS DURING 1929, BY CERTAIN PSYCHOSES.

Table 53 reveals that there were a total of 1,835 deaths in mental hospitals during 1929; 968 males and 867 females. It also presents the death rates for the more important psychoses. These rates are based upon the number of patients of the same psychosis under treatment during the year. The diagnostic group having the largest death rate is psychoses with arteriosclerosis, 341. deaths per 1,000 cases of the same diagnosis under treatment. The next largest death rate is found for psychoses with other somatic diseases, 306. The next is for senile psychoses, 291. and general paralysis, with 198. The lowest death rate is found to be 29. for dementia praecox.

TABLE 53. — Deaths during 1929, by Certain Psychoses;¹ Death Rates per 1,000 of Same Psychoses Under Treatment.²

PSYCHOSES.	TOTAL UNDER TREATMENT.			NUMBER OF DEATHS.			DEATH RATE PER 1,000 OF SAME PSYCHOSES UNDER TREATMENT.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Senile	308	727	1,035	90	211	301	292.	290.	291.
With cerebral arteriosclerosis	698	579	1,277	261	175	436	373.	302.	341.
General paralysis	661	162	823	131	32	163	198.	197.	198.
Alcoholic	1,447	273	1,720	70	13	83	48.	47.	48.
Dementia praecox	5,929	5,947	11,876	169	183	352	28.	30.	29.
With other somatic diseases	117	194	311	43	44	87	367.	226.	306.
Manic-depressive	872	1,500	2,372	33	64	97	37.	42.	40.
All other psychoses	3,439	3,307	6,746	171	145	316	49.	43.	46.
Total	13,471	12,689	26,160	968	867	1,835	71.	68.	70.

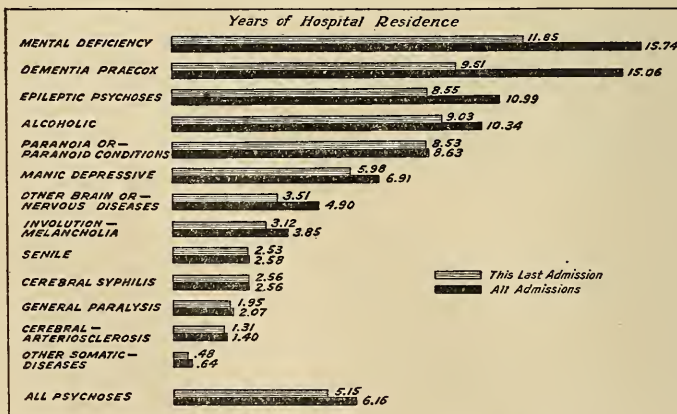
¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.

²Cases under treatment are obtained by adding Resident Population on September 30, 1929, Discharges during the year 1929, and the number of Patients Dying during the year 1929.

For all clinical groups combined, the death rate is 70. per 1,000. The rate is a trifle higher for the males (71.) than it is for the females (68.). Marked sex differences are observed in certain psychoses. The death rate is much higher for males in psychoses with cerebral arteriosclerosis (373.) than it is for females (302.); and also in psychoses with other somatic diseases (males 367., females 226.).

AVERAGE NET DURATION OF HOSPITAL RESIDENCE DURING THIS ADMISSION AND ALL ADMISSIONS; COMMITTED PATIENTS DYING DURING 1929, BY CERTAIN PSYCHOSES.

Table 54 and Graph 4 show the average length of hospital residence during the last admission and during all admissions of patients dying during 1929, by certain psychoses. The average length of stay within institutions during all admissions is 6.16 years; for females, 6.21 years, males, 6.11 years. If we consider only the most recent admission, during which the patient died, we observe that the average length of hospital stay is 5.15 years; 5.12 for females, and 5.17 for males. While the psychoses presenting the smaller numbers of cases have been omitted in the above table, the total averages given include all clinical groups.



GRAPH 4. — AVERAGE LENGTH OF HOSPITAL STAY IN YEARS OF PATIENTS DYING, 1929, BY PSYCHOSES.

TABLE 54. — *Average Net Duration of Hospital Residence during this Admission¹ and during All Admissions, Patients Dying during 1929, by Certain Psychoses.*

PSYCHOSES. ²	AVERAGE LENGTH OF STAY IN YEARS ³					
	ALL ADMISSIONS. ⁴			THIS ADMISSION.		
	M.	F.	T.	M.	F.	T.
Senile	2.17	2.76	2.58	1.97	2.76	2.53
With cerebral arteriosclerosis	1.18	1.73	1.40	1.09	1.64	1.31
General paralysis	1.80	3.16	2.07	1.64	3.03	1.95
With cerebral syphilis	3.01	.50	2.56	3.01	.50	2.56
With other brain or nervous diseases	5.16	4.54	4.90	3.45	3.61	3.51
Alcoholic	10.21	10.95	10.34	9.12	8.68	9.03
With other somatic diseases	.35	.88	.64	.33	.60	.48
Manic-depressive	6.93	6.89	6.91	5.43	6.25	5.98
Involution melancholia	6.18	2.92	3.85	5.61	2.14	3.12
Dementia praecox	16.13	14.09	15.06	10.04	9.01	9.51
Paranoia or paranoid conditions	17.83	6.21	8.63	16.70	6.09	8.53
Epileptic psychoses	11.64	10.38	10.99	8.27	8.83	8.55
With mental deficiency	15.49	16.06	15.74	12.97	10.44	11.85
Without psychoses	11.13	13.72	12.18	6.12	8.56	7.18
All clinical groups	6.11	6.21	6.16	5.17	5.12	5.15

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S Veterans' Hospitals Nos. 107 and 95. Includes patients on regular commitment only.

²Psychoses in which the number of cases involved was less than ten are omitted from this table.

³This is net time within institutions and excludes all time out on visit, etc., during all admissions.

⁴Includes all previous admissions as well as the last admission during which the patient died.

When we consider the average length of hospital stay during all admissions, the same general characteristics are observed. In this group the average hospital residence for psychoses with mental deficiency was 15.74 years; for dementia praecox, 15.06 years; for cases without psychoses, 12.18 years; and for epileptic psychoses 10.99 years. The clinical groups having the shortest average period of hospital residence during all admissions are as follows: psychoses with cerebral syphilis, 2.56 years; general paralysis, 2.07 years; with cerebral arteriosclerosis, 1.40 years; and psychoses with other somatic diseases, .64 years.

In considering the last admission, during which the patient died, we see that the psychoses with mental deficiency (11.85 years), dementia praecox (9.51 years), alcoholic psychoses (9.03 years), and epileptic psychoses (8.55 years), have the longest average periods of hospital residence. The clinical groups having the shortest average period of hospital residence are: senile psychoses, 2.53 years; general paralysis, 1.95 years; cerebral arteriosclerosis, 1.31 years; and psychoses with other somatic diseases, .48 years.

AVERAGE NET DURATION OF HOSPITAL RESIDENCE DURING THIS ADMISSION AND ALL ADMISSIONS OF COMMITTED PATIENTS DYING DURING 1929, BY NUMBER OF TIMES ADMITTED.

Table 55 gives the number of times admitted and the average net duration of hospital residence for the admission during which the patient died, and also for all previous admissions. The length of hospital residence of this last admission during which the patient died is the shortest in the case of first admissions (3.36 years). If the patient had been admitted twice and died during his second admission, the average length of hospital stay for the second or last admission was 7.44 years. Where the patient had been admitted three times and died during his third admission, the length of hospital stay for the third or last admission was 10.77 years. When the patient had had four admissions, and died during the fourth admission, the average length of stay during this fourth or last admission was 10.44 years. As we note the length of stay for the last admission in the case of 5, 6, 7, 8 and 9 admissions, we observe a slight but consistent decrease in the length of the last hospital stay during which death occurred. Thus, in summarizing, we observe

that in the case of patients dying in hospitals, the shortest average hospital residence occurs among the cases admitted to the hospital but once. The longest hospital stay for the last admission is noted in the cases dying during the third of three admissions. In cases admitted more than three times, we observe a slight decrease in the length of the last hospital residence.

TABLE 55. — *Average Net Duration of Hospital Residence during this Admission and All Admissions of Committed Patients Dying during 1929, by Number of Times Admitted.*¹

NUMBER OF TIMES ADMITTED.	NUMBER.			AVERAGE NET DURATION OF HOSPITAL RESIDENCE IN YEARS.					
				THIS ADMISSION			ALL ADMISSIONS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
One . . .	561	500	1,061	3.67	3.01	3.36	3.67	3.01	3.36
Two . . .	188	200	388	6.89	7.96	7.44	8.34	10.18	9.29
Three . . .	70	63	133	11.22	10.26	10.77	13.93	14.21	14.05
Four . . .	26	19	45	11.24	9.34	10.44	18.57	13.69	16.51
Five . . .	6	17	23	5.83	9.93	8.86	12.50	16.26	15.28
Six . . .	5	6	11	6.70	9.16	8.04	7.30	16.16	12.13
Seven . . .	4	2	6	3.85	7.50	6.06	17.62	10.00	15.08
Eight . . .	—	1	1	—	7.50	7.50	—	17.50	17.50
Nine . . .	1	1	2	7.50	7.50	7.50	17.50	7.50	12.50
Total . . .	861	809	1,670	5.17	5.12	5.15	6.11	6.21	6.16

¹The "Net Time in Institutions" which is used in this table, is ascertained by the subtraction of the "Total Time Out of Institution" from the "Total Time on Books of Institution." Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.

In the foregoing we considered the length of hospital residence of the last admission during which the patient died. We will now consider the average length of hospital stay during all admissions combined. Here we observe that the average length of hospital stay for cases admitted twice was 9.29 years. For cases admitted three times, the average length of hospital residence was 14.05 years; for patients admitted four times, the average length of stay was 16.51 years.

The highest average stay is observed in cases admitted eight times with an average hospital residence of 17.50 years. We observe that the accumulation of years spent in hospitals does not seem to be proportionate for the higher numbers of admissions.

AVERAGE LENGTH OF HOSPITAL STAY DURING EACH ADMISSION, ALL READMITTED CASES DYING DURING 1929.

Table 56 gives the average length of hospital stay during all admissions in accordance with the number of times admitted. We note that the average length of stay for patients with two admissions is 4.64 years for each admission. For patients having three admissions, the average length of stay is 4.68 years for each of the three admissions. For persons having four admissions, the average length of stay for each of the four admissions is 4.12 years. In the case of five admissions, the patient remained an average of 3.05 years for each of the five admissions. In the case of patients admitted nine times, we see that the average length of hospital residence for each admission was 1.38 years. We note here a distinct tendency for the average length of hospital residence to decrease as the number of times admitted increases.

TABLE 56. — *Average Net Duration of Hospital Stay during Each Admission, All Readmissions Dying during 1929.*¹

NUMBER OF TIMES ADMITTED.	AVERAGE NET DURATION OF HOSPITAL RESIDENCE IN YEARS DURING ALL ADMISSIONS.	AVERAGE LENGTH OF HOSPITAL RESIDENCE IN YEARS FOR EACH TIME ADMITTED.
Two	9.29	4.64
Three	14.05	4.68
Four	16.51	4.12
Five	15.28	3.05
Six	12.13	2.02
Seven	15.08	2.15
Eight	17.50	2.18
Nine	12.50	1.38

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.

AVERAGE AGE AT DEATH OF COMMITTED PATIENTS DYING DURING 1929.

The highest average ages at death are observed in senile psychoses, 76.8 years; psychoses with cerebral arteriosclerosis, 72.0 years; traumatic psychoses, 69.1 years; and paranoia, 65.2 years (Table 57). The lowest average ages at death are noted as occurring in epileptic psychoses, 47.4 years; undiagnosed psychoses, 41.2 years; without psychoses, 40.1 years; and psychoses with brain tumor, 38.7 years. The average age for all deaths combined was 62.0 years, the males showing an average age of 60.7 years, and females 63.4 years.

TABLE 57. — *Average Age at Death of Committed Patients Dying during 1929, by Psychoses.*¹

PSYCHOSES.	NUMBER.			AVERAGE AGE IN YEARS AT DEATH.		
	M.	F.	T.	M.	F.	T.
Traumatic	2	1	3	65.0	77.5	69.1
Senile	88	206	294	75.5	77.4	76.8
With cerebral arteriosclerosis	245	165	410	72.7	71.1	72.0
General paralysis	127	32	159	49.9	48.7	49.7
With cerebral syphilis	9	2	11	53.6	42.5	51.5
With Huntington's chorea	3	1	4	52.5	47.5	51.2
With brain tumor	4	—	4	38.7	—	38.7
With other brain or nervous diseases	20	14	34	54.5	49.2	52.3
Alcoholic	60	13	73	58.4	58.6	58.4
With pellagra	2	1	3	50.0	62.5	54.1
With other somatic diseases	29	35	64	60.7	50.0	54.9
Manic-depressive	30	62	92	60.1	58.8	59.2
Involution melancholia	11	28	39	63.8	55.8	58.1
Dementia praecox	166	181	347	50.7	54.7	52.8
Paranoia or paranoid conditions	4	14	18	65.0	65.2	65.2
Epileptic psychoses	20	21	41	50.1	44.9	47.4
Psychoneuroses and neuroses	1	2	3	47.5	65.0	59.1
With psychopathic personality	2	1	3	45.0	62.5	50.8
With mental deficiency	19	15	34	51.1	55.8	53.2
Undiagnosed psychoses	2	2	4	45.0	37.5	41.2
Without psychoses	17	13	30	40.9	39.0	40.1
All clinical groups	861	809	1,670	60.7	63.4	62.0

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.

If we consider only the psychoses which are of importance numerically, we see that the most significant differences between the sexes are observed in psychoses with other somatic diseases where we note that the males have an average age at death of nearly 10 years higher than that of the females (males 60.7 years, females 50.0 years.) The same condition obtains in involution melancholia (males 63.8

years — females 55.8 years). In dementia praecox we observe that the males tend to have a slightly lower average age at death (males 50.7 years — females 54.7 years).

Section E. Resident Population of Mental Hospitals on September 30, 1929.

In previous sections we have discussed admissions, readmissions, discharges and deaths for the year 1929. We now turn to a discussion of the resident population. That is, we have analyzed our material in reference to specific factors for all patients in residence in our mental hospitals on September 30, 1929. On the date mentioned there were 20,494 cases actually in residence in the State Hospitals, Bridgewater State Hospital, Mental Wards — Tewksbury, Veterans' Hospitals No. 95 and No. 107, and McLean Hospital. Ten thousand three hundred and sixty-eight of these were males, and 10,126 were females.

In all of these discussions concerning this particular group of cases it should be recalled that the resident population is simply a residual population made up from an accumulation of admissions which have not left the hospital by reason of discharge or death. If we think of first admissions in terms of their final outcome, we can see that it is impossible to discuss resident population with any finality. Of the first admissions, a certain number are discharged, other proportions die, and another proportion remains within the institution. Of the discharges, a certain number may be readmitted and go through a similar process. Therefore, in discussing resident population, we are discussing a group which makes available to us a large amount of valuable information, but at the same time we are not viewing a group which in any way pictures the final disposition of the psychotic case.

TABLE 58. — *Average Length of Hospital Stay during Present Admission, First Admissions and Readmissions in Residence on September 30, 1929, by Psychoses.*¹

PSYCHOSES.	AVERAGE LENGTH OF HOSPITAL RESIDENCE IN YEARS.								
	TOTAL CASES IN RESIDENCE.			FIRST ADMISSION CASES.			READMISSION CASES.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	6.53	4.21	6.19	6.73	2.55	5.86	8.01	12.50	8.27
Senile	4.02	3.70	3.80	3.39	3.27	3.30	6.32	5.21	5.53
With cerebral arteriosclerosis . .	2.85	3.07	2.96	2.81	2.67	2.74	2.94	4.28	3.56
General paralysis	2.90	4.74	3.27	2.84	5.12	3.47	2.96	4.27	3.18
With cerebral syphilis	5.40	7.36	6.36	5.09	8.80	6.51	5.63	7.12	6.02
With Huntington's chorea	2.47	5.37	3.93	2.73	1.83	2.46	.79	7.50	6.38
With brain tumor	—	.37	.37	—	4.75	4.75	—	.16	.16
With other brain or nervous dis- eases	4.04	5.30	4.53	4.27	5.80	4.88	3.85	4.88	4.25
Alcoholic	9.49	9.70	9.49	9.27	9.08	9.25	9.60	10.00	9.68
Due to drugs and other exoge- nous toxins	5.82	7.27	6.64	2.13	4.34	3.52	7.38	10.20	8.56
With pellagra	2.33	6.16	4.63	2.33	7.50	4.91	—	3.50	3.50
With other somatic diseases . . .	3.66	3.55	3.60	2.19	3.03	2.71	5.74	4.37	4.94
Manic-depressive	6.28	6.53	6.44	5.74	6.20	6.04	6.50	6.68	6.61
Involution melancholia	5.46	6.31	6.09	5.45	6.49	6.18	5.47	6.11	5.99
Dementia praecox	10.71	10.49	10.60	10.80	9.02	9.95	10.38	10.80	10.60
Paranoic or paranoid conditions	7.54	8.15	7.88	6.85	9.20	8.42	7.95	7.35	7.56
Epileptic psychoses	8.44	9.89	9.15	7.49	10.48	8.99	8.99	9.52	9.23
Psychoneuroses and neuroses . .	2.54	3.69	3.30	1.53	3.22	2.59	3.36	3.98	3.80
With psychopathic personality . .	7.22	5.93	6.66	7.57	7.39	7.49	6.99	4.65	6.08
With mental deficiency	10.03	9.36	9.72	10.38	8.74	9.69	9.82	9.65	9.74
Undiagnosed psychoses	1.57	1.97	1.69	2.50	2.65	2.54	1.10	1.71	1.31
Without psychoses	7.44	7.64	7.62	7.13	7.94	7.51	8.20	7.18	7.77
Total	8.98	8.83	8.91	8.63	7.71	8.33	9.21	9.43	9.34

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95. This table considers only the length or time spent in hospitals during the present admission.



GRAPH 5. — AVERAGE LENGTH OF STAY IN YEARS OF FIRST ADMISSIONS AND RE-ADMISSIONS IN RESIDENCE IN MENTAL HOSPITALS ON SEPTEMBER 30, 1929, BY PSYCHOSES.

AVERAGE LENGTH OF HOSPITAL STAY, ALL FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE SEPTEMBER 30, 1929.

In the total cases in residence, we observe that patients with dementia praecox have the longest average hospital stay, 10.60 years, (Table 58 and Graph 5). Next in order are: psychoses with mental deficiency, 9.72 years; alcoholic, 9.49 years; and epileptic psychoses, 9.15 years. The shortest average periods of residence are observed in psychoses with cerebral arteriosclerosis, 2.96 years; undiagnosed psychoses, 1.69 years; and psychoses with brain tumor, .37 years. The average length of stay for all psychoses is slightly less than 9 years (8.91 years). It will be noted that the males have a longer average residence than the females, insofar as they have remained 8.98 years as compared with 8.83 years for the females, a difference of less than two months.

In considering the average length of hospital stay for the first admissions in residence, we note that the total for all psychoses and both sexes is 8.33 years. There is a noticeable sex difference here, however, in that the males have remained an average of nine-tenths of a year longer than the females; or 8.63 years for males and 7.71 years for females. Patients with dementia praecox have the longest hospital stay, 9.95 years, followed by psychoses with mental deficiency,

9.69 years, and alcoholic psychoses, 9.25 years. The shortest average periods of hospital residence are observed in psychoses with Huntington's chorea, 2.46 years; undiagnosed psychoses, 2.54 years; and psychoneuroses and neuroses, 2.59 years.

In considering the average length of stay for readmissions in residence, we should recall that this does not include time spent in institutions during previous admissions. In considering the total time spent in hospital during this admission for readmissions in residence, we observe that the average length of stay is 9.34 years; or 1.01 years longer than the average stay of first admissions in residence. The females have a slight tendency to remain longer than the males, an average of 9.48 years as compared with 9.21 years for the males. It will be observed that this is the reverse of the situation noted among the first admission cases in which the males remained a longer time.

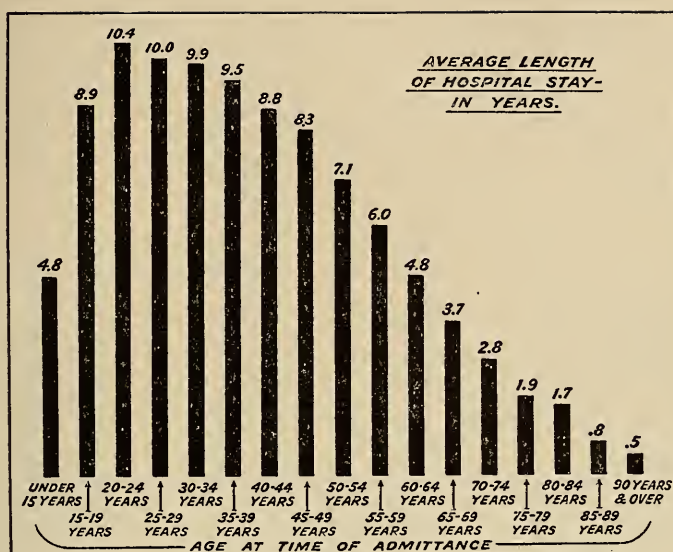
AVERAGE LENGTH OF HOSPITAL STAY OF ALL CASES IN RESIDENCE
ON SEPTEMBER 30, 1929, BY AGE AT ADMISSION.

Table 59 and Graph 6 give the average length of hospital stay by age at admission. The resident group admitted under the age of 15 years have remained in the institution an average of 4.8 years. Patients admitted in the age group 15-19 years have remained an average of 8.9 years. Those admitted between 20-24 years have remained an average of 8.9 years. Those admitted between 25-29 years have remained 10.0 years. From this age group on to the higher age groups, we note a slow and consistent decrease in the length of hospital stay. Material of this table suggests that the patients admitted between 20 and 34 years of age have a tendency to remain the longest times within the institution. However, in considering this point we must again recall the admissions which have been removed by discharge or death.

TABLE 59. — *Average Length of Hospital Stay in Years of All Cases in Residence September 30, 1929, by Age at Admission.*¹

AGE AT ADMISSION.	AVERAGE LENGTH OF STAY.
Under 15 years	4.8
15-19 years	8.9
20-24 years	10.4
25-29 years	10.0
30-34 years	9.9
35-39 years	9.5
40-44 years	8.8
45-49 years	8.3
50-54 years	7.1
55-59 years	6.0
60-64 years	4.8
65-69 years	3.7
70-74 years	2.8
75-79 years	1.9
80-84 years	1.7
85-89 years	.8
90 years and over	.5

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.



GRAPH 6. — AVERAGE LENGTH OF HOSPITAL STAY OF ALL CASES IN RESIDENCE ON SEPTEMBER 30, 1929, BY AGE AT ADMISSION.

AVERAGE LENGTH OF HOSPITAL STAY DURING PREVIOUS ADMISSIONS, ALL READMITTED CASES IN RESIDENCE.

Table 60 reveals the average time that the readmitted cases in residence spent on the books, the average time spent out on visit, and the average net time within institutions during all previous admissions. In noting the totals for the time on the books of all psychoses combined, we see that the males remained 3.38 years, the females 4.09 years, or both sexes together a total of 3.74 years. The males remained out of institutions an average of .34 years, the females, .46 years, and both sexes, .40 years. This gives a net time within the institutions of 3.04 years for males, 3.63 years for females, and 3.34 years for both sexes. During previous admissions, these readmitted cases spent approximately 90 per cent of the time that they were on the books within the institutions.

TABLE 60. — *Average Time on Books, Average Time Out on Visit, and Average Time Within Institutions during All Previous Admissions, All Readmitted Cases in Residence on September 30, 1929, by Psychoses.*¹

PSYCHOSES.	AVERAGE TIME IN YEARS.								
	ON BOOKS OF INSTITUTION.			SPENT OUT OF INSTITUTION ON VISIT.			NET TIME WITHIN INSTITUTION.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	.89	1.50	.93	.30	.41	.31	.49	1.09	.62
Senile	.95	1.84	1.59	.15	.16	.16	.80	1.68	.143
With cerebral arteriosclerosis	1.13	1.51	1.30	.42	.54	.47	.71	.97	.83
General paralysis	1.09	1.37	1.13	.19	.24	.20	.90	1.13	.93
With cerebral syphilis	1.95	5.21	2.80	.29	.53	.35	1.66	4.68	2.45
With Huntington's chorea	.79	4.04	3.50	—	.30	.25	.79	3.74	3.25
With brain tumor	—	.04	.04	—	—	—	—	.04	.04
With other brain or nervous diseases	1.41	.93	1.22	.14	.19	.16	1.27	.74	1.06
Alcoholic	2.92	3.82	3.11	.29	.50	.33	2.63	3.32	2.78
Due to drugs and other exogenous toxins	2.85	3.91	3.29	.49	—	.29	2.36	3.91	3.00
With pellagra	—	7.50	7.50	—	—	—	—	7.50	7.50
With other somatic diseases	2.07	.69	1.26	.24	.19	.21	1.83	.50	1.05
Manic-depressive	3.25	3.46	3.38	.79	.95	.88	2.46	2.51	2.50
Involution melancholia	.85	1.63	1.48	.28	.36	.35	.57	1.27	1.13
Dementia praecox	3.53	4.49	4.02	.45	.55	.50	3.08	3.94	3.52
Paranoia or paranoid conditions	2.12	2.00	2.04	.22	.35	.31	1.90	1.65	1.73
Epileptic psychoses	3.67	3.92	3.79	.45	.37	.41	3.22	3.55	3.38
Psychoneuroses and neuroses	1.23	1.92	1.71	.66	.27	.39	.57	1.65	1.32
With psychopathic personality	2.61	3.57	3.02	.41	.62	.50	2.20	2.95	2.52
With mental deficiency	4.95	5.43	5.18	.44	.42	.43	4.51	5.01	4.75
Undiagnosed psychoses	1.78	6.83	3.47	.73	—	.48	1.05	6.83	2.99
All clinical groups	3.38	4.09	3.74	.34	.46	.40	3.04	3.63	3.34

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.

Considering the numerically important psychoses the longest average time on books of institutions occurs in patients with psychoses with mental deficiency, 5.18 years; dementia praecox, 4.02 years; epileptic psychoses, 3.79 years; and manic-depressive, 3.38 years.

Considering the time that these patients spent within the institution and again disregarding the numerically unimportant psychoses, we observe that the longest net hospital residence occurred in psychoses with mental deficiency, 4.75 years. The next in order were dementia praecox, 3.52 years, epileptic psychoses, 3.38 years, and alcoholic psychoses, 2.78 years. Recalling that this average of 3.34 years is a total for all previous admissions, we might say that the average appears to be lower than would be expected, particularly if we consider the time which these readmitted and in residence cases have spent in the institution during their present admissions (9.34 years, see Table 58). This table gives a good picture of the type of case which is readmitted and tends to remain in residence within our institutions. It also gives some indication of the length of stay during early hospital residences for the various psychoses.

AVERAGE LENGTH OF HOSPITAL STAY DURING PREVIOUS ADMISSIONS AND PRESENT ADMISSION: ALL READMITTED CASES IN RESIDENCE.

In this table we analyze the readmissions in residence and study the length of hospital stay during the present admission and compare this with the length of time the patients with certain psychoses spent in hospitals during their previous admissions (Table 61). The average time in institutions during all admissions was 12.68 years. An average of 9.34 years or 73.7 per cent has been spent in hospitals during the present admission and 3.34 years or 23.3 per cent was spent in hospitals during previous admissions. This finding suggests that the early admissions of cases tending to be readmitted are of comparatively short duration in comparison

with the later admissions. We observed the same situation in dealing with the deaths in that we noted that the final admission during which the patient died tended to be very much longer than all previous admissions combined.

TABLE 61. — *Average Length of Hospital Stay during Previous Admissions and Present Admission, All Readmitted Cases in Residence, 1929:¹ by Psychoses.*

PSYCHOSES.	AVERAGE TIME IN YEARS IN INSTITUTIONS.								
	DURING PREVIOUS ADMISSIONS.			DURING PRESENT ADMISSION.			TOTAL TIME DURING ALL ADMISSIONS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	.49	1.09	.62	8.01	12.59	8.27	8.50	13.59	8.89
Senile	.80	1.68	1.43	6.32	5.21	5.53	7.12	6.89	6.96
With cerebral arteriosclerosis	.71	.97	.83	2.94	4.28	3.56	3.65	5.25	4.39
General paralysis	.90	1.13	.93	2.96	4.27	3.18	3.86	5.40	4.11
With cerebral syphilis	1.66	4.68	2.45	5.63	7.12	6.02	7.29	11.80	8.47
With Huntington's chorea	.79	3.74	3.25	.79	7.50	6.38	1.58	11.24	9.63
With brain tumor	—	.04	.04	—	.16	.16	—	.20	.20
With other brain or nervous diseases	1.27	.74	1.06	3.85	4.88	4.25	5.12	5.62	5.31
Alcoholic	2.63	3.32	2.78	9.60	10.00	9.68	12.23	13.32	12.46
Due to drugs and other exogenous toxins	2.36	3.91	3.00	7.38	10.20	8.56	9.74	14.11	11.56
With pellagra	—	7.50	7.50	—	3.50	3.50	—	11.00	11.00
With other somatic diseases	1.83	.50	1.05	5.74	4.37	4.94	7.57	4.87	5.99
Manic-depressive	2.46	2.51	2.50	6.50	6.68	6.61	8.96	9.19	9.11
Involution melancholia	.57	1.27	1.13	5.47	6.11	5.99	6.04	7.38	7.12
Dementia praecox	3.08	3.94	3.52	10.35	10.80	10.60	13.43	14.74	14.12
Paranoia or paranoid conditions	1.90	1.65	1.73	7.95	7.35	7.56	9.85	9.00	9.29
Epileptic psychoses	3.22	3.55	3.38	8.99	9.52	9.23	12.21	13.07	12.61
Psychoneuroses and neuroses	.57	1.65	1.32	3.36	3.98	3.80	3.93	5.63	5.12
With psychopathic personality	2.20	2.95	2.52	6.99	4.89	6.08	9.19	7.84	8.60
With mental deficiency	4.51	5.01	4.75	9.82	9.65	9.74	14.33	14.66	14.49
Undiagnosed psychoses	1.05	6.83	2.99	1.10	1.71	1.31	2.15	8.54	4.30
All clinical groups	3.04	3.63	3.34	9.21	9.48	9.34	12.25	13.11	12.68

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.

In considering the average time in hospitals during the present admission, we note that the psychoses with the longest average time in residence are: dementia praecox, 10.60 years; psychoses with mental deficiency, 9.74 years; alcoholic psychoses, 9.68 years; epileptic psychoses, 9.23 years; and psychoses due to drugs, 8.56 years. The psychoses showing the shortest period of stay during this present admission are: psychoses with pellagra, 3.50 years; general paralysis, 3.18 years; undiagnosed, 1.31 years; and psychoses with brain tumor, .16 years. A very slight sex difference is observed in that the females have been in residence one-fourth of a year longer on the average than the males; that is, 9.48 years as compared with 9.21 years.

In considering these readmissions in the light of the total time within institutions during all admissions, we observe that the longest period of hospital residence during all admissions occurs in psychoses with mental deficiency, 14.49 years. The other psychoses in order of frequency are: dementia praecox, 14.12 years; epileptic psychoses, 12.61 years; alcoholic psychoses, 12.46 years; and psychoses due to drugs, 11.56 years. The psychoses showing the shortest total average length of stay are: psychoses with cerebral arteriosclerosis, 4.39 years; undiagnosed, 4.30 years; general paralysis, 4.11 years; and psychoses with brain tumor, .20 years. In this group, we observe a tendency for the female readmissions to average .86 per cent of a year longer in institutions than males, or 13.11 years as compared with 12.25 years.

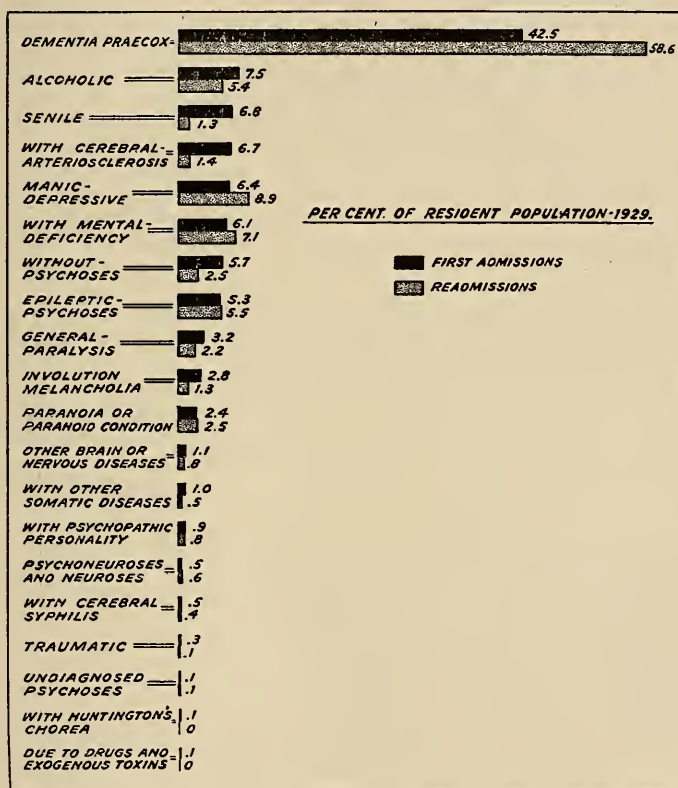
TABLE 62. — *First Admissions and Readmissions in Residence on September 30, 1929, by Psychoses; Percentage Distribution.*¹

PSYCHOSES.	TOTAL.			FIRST ADMISSIONS.						READMISSIONS.								
	NUMBER.			PER CENT.			NUMBER.			PER CENT.								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
Traumatic	35	6	41	4	0	2	19	5	24	5	1	3	16	1	17	3	0	1
Senile	199	475	674	1.9	4.7	3.3	156	368	524	3.9	9.9	6.8	43	107	150	7	1.8	1.3
With cerebral arteriosclerosis	353	346	699	3.4	3.4	3.5	255	261	516	6.4	6.9	6.7	98	85	183	1.6	1.3	1.4
General paralysis	425	105	530	4.1	1.0	2.7	196	58	254	4.9	1.6	3.2	229	47	276	3.6	.8	2.2
With cerebral syphilis	60	28	88	.6	.3	.4	26	16	42	.6	.4	.5	34	12	46	.5	.2	.4
With Huntington's chorea	8	8	16	.0	.0	.0	7	3	10	.2	.0	.1	1	5	6	.0	.0	.0
With brain tumor	—	3	3	—	.0	.0	—	2	2	—	.0	.0	—	1	1	—	.0	.0
With other brain or nervous diseases	118	76	194	1.1	.8	.9	53	35	88	1.3	.9	1.1	65	41	106	1	.6	.8
Alcoholic	1,046	213	1,259	10.1	2.1	6.1	511	70	581	12.6	1.9	7.5	535	143	678	8.5	2.2	5.4
Due to drugs and other exogenous toxins	10	10	20	.1	.1	.1	3	5	8	.0	.1	.1	7	5	12	.1	.0	.0
With pellagra	2	3	5	.0	.0	.0	2	2	4	.0	.0	.0	—	1	1	—	.0	.0
With other somatic diseases	53	80	133	.5	.8	.6	31	49	80	.8	1.3	1.0	22	31	53	.3	.5	.5
Manic-depressive	570	1,045	1,615	5.6	10.3	7.9	169	323	492	4.1	8.8	6.4	401	722	1,123	6.4	11.4	8.9
Involution melancholia	95	282	377	.9	2.8	1.9	63	146	209	1.5	3.9	2.8	32	136	168	.5	2.1	1.3
Dementia precox	5,334	5,435	10,769	51.5	53.8	52.6	1,739	1,584	3,323	42.6	42.4	42.5	3,595	3,851	7,446	57.2	60.2	58.6
Paranoia or paranoid conditions	168	329	497	1.6	3.2	2.4	62	124	186	1.5	3.6	2.4	106	205	311	1.5	3.2	2.5
Epileptic psychoses	565	546	1,111	5.4	5.4	5.4	206	209	415	5.0	5.6	5.3	359	337	696	5.8	5.3	5.5
Psychoneuroses and neuroses	32	65	97	.3	.6	.5	15	25	40	.4	.5	.5	17	40	57	.4	.6	.6
With psychopathic personality	98	77	175	.9	.7	.8	39	32	71	.9	.8	.9	59	45	104	.7	.6	.8
With mental deficiency	748	633	1,381	7.2	6.4	6.7	279	201	480	6.8	5.4	6.1	469	432	901	7.5	6.8	7.1
Undiagnosed psychoses	24	11	35	.2	.1	.2	8	3	11	.2	.0	.1	16	8	24	.3	.1	.1
Without psychoses	423	348	771	4.2	3.5	3.8	238	211	449	5.8	5.7	5.7	185	137	322	2.9	2.2	2.5
Total	10,368	10,126	20,494	100.0	100.0	100.0	4,078	3,734	7,812	100.0	100.0	100.0	6,290	6,392	12,682	100.0	100.0	100.0

Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.

PSYCHOSES OF FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE, IN
SEPTEMBER 30, 1929.

Table 62 and Graph 7 give the number and percentage distributions of the psychoses in all first admissions and readmissions in residence in mental hospitals on September 30, 1929. This table shows quite definitely the psychoses which are tending to remain within the institutions among the first admissions. Among the readmissions it also reveals that readmitted psychoses tend to remain in institutions.



GRAPH 7. — FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE ON SEPTEMBER 30, 1929, BY PSYCHOSES, PERCENTAGE DISTRIBUTION.

In the first admissions in residence, the psychoses occurring with the greatest frequency are: dementia praecox, 42.5 per cent; alcoholic psychoses, 7.5 per cent; senile psychoses, 6.8 per cent; psychoses with cerebral arteriosclerosis, 6.7 per cent; and manic-depressive psychoses, 6.4 per cent. The psychoses presenting the lowest proportions in the first admissions in residence are found in psychoses with Huntington's chorea, psychoses with brain tumor, psychoses due to drugs, and psychoses with pellagra.

In studying the readmissions in residence, we note some changes in this order of frequency. While dementia praecox still heads the list with 58.6 per cent, alcoholic psychoses no longer come second, as they have been replaced by manic-depressive psychoses with 8.9 per cent. The other psychoses in order of frequency are: psychoses with mental deficiency, 7.1 per cent; epileptic psychoses, 5.5 per cent; and alcoholic psychoses, 5.4 per cent. We note that the proportion of cases with dementia praecox is 16.1 per cent higher among the resident readmissions than

in the resident first admissions. Other psychoses showing a proportional increase among the readmissions are: manic-depressive psychoses (2.5 per cent excess) and psychoses with mental deficiency (1.0 per cent excess). The majority of the psychoses show a relative deficiency in the readmissions which is balanced by the tremendous excess observed in the case of dementia preacox (16.1 per cent).

FIRST ADMISSIONS AND READMISSIONS DURING 1929, COMPARED WITH FIRST ADMISSIONS AND READMISSIONS IN THE RESIDENT POPULATION.

Table 63 gives the percentage distribution of the psychoses in first admissions and readmissions for the year 1929, and compares this with the psychoses in first admissions and readmissions of the resident population on September 30, 1929. In this table we may take the first admissions and the readmissions for 1929 as a sample of the distribution of the various psychoses admitted to our institutions during any one year. There are slight deviations from year to year in this but the percentage differences are not large. That is, the psychoses represented in these first admissions and readmissions are more or less typical of the group of patients coming into our institutions year after year. As we compare the percentage distribution of psychoses in the resident population, we may then determine the particular psychoses which have a tendency to be retained within the institutions and, inversely, those which show a tendency to leave the institutions either by death or discharge.

TABLE 63. — *First Admissions and Readmissions 1929; and First Admissions and Readmissions of Resident Population on September 30, 1929, by Certain Psychoses; Percentage Distribution.*¹

PSYCHOSES.	FIRST ADMISSIONS, 1929.	READMISSIONS 1929	RESIDENT POPULATION ON SEPTEMBER 30, 1929.	
			FIRST ADMISSIONS.	READMISSIONS.
Senile	9.4	1.8	6.8	1.3
With cerebral arteriosclerosis	16.0	4.9	6.7	1.4
With general paralysis	7.4	3.2	3.2	2.2
Alcoholic	7.7	5.8	7.5	5.4
With other somatic diseases	3.8	1.4	1.0	.5
Manic-depressive	12.7	31.3	6.4	8.9
Involution melancholia	3.7	1.4	2.8	1.3
Dementia preacox	23.4	36.5	42.5	58.6
Paranoia or paranoid conditions	2.9	1.9	2.4	2.5
Epileptic psychoses	1.2	1.7	5.3	5.5
Mental deficiency	3.8	4.9	6.1	7.1
Without psychoses	1.2	1.4	5.7	2.5
All other psychoses	6.8	3.8	3.6	2.8
Total	100.0	100.0	100.0	100.0

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.

As we have divided the resident population into first admissions and readmissions, and calculated the percentage distribution of psychoses for each of these groups, it now becomes possible to compare the first admissions during 1929 with the first admissions in the resident population on September 30, 1929. In interpreting these results, we should recall that if a psychosis has a discharge rate (including deaths) which equalled its admission rate, the percentages in the first admissions 1929 and in the first admissions of the resident population would tend to be the same. However, if the percentage for a certain psychosis in the first admissions of the resident population is less than the percentage for first admissions 1929, we may say that the discharge rate for that particular psychosis is higher than the admission rate, and that these patients are leaving the institution at a more rapid rate than they are coming in. On the other hand, if the percentage for a particular psychosis in the resident population first admissions is higher than that observed in the first admissions for 1929, we may say that the discharge rate for that psychosis

is much lower than the admission rate and therefore there is a decided tendency for the retention of patients with this particular psychosis.

As we compare the percentage distributions for first admissions during 1929 with that of first admissions in the resident population at the end of the statistical year, we note that the percentages for specific psychoses in the resident group are lower in the following psychoses, in order of importance: psychoses with cerebral arteriosclerosis, manic-depressive psychoses, senile psychoses, psychoses with other somatic diseases, involution melancholia, paranoia, and alcoholic psychoses. That is, in reference to first admissions, we may say that these psychoses tend to have a higher discharge rate than admission rate, and no tendency toward retention within institutions.

The percentages for specific psychoses in the resident population are higher than the corresponding percentages in the first admissions in the case of dementia praecox, epileptic psychoses, and psychoses with mental deficiency. This group shows a definite tendency to be retained within institutions.

We will now compare the psychoses of readmissions for the current year with those of the readmissions in residence at the end of the statistical year. We note again that the percentage distribution among the readmissions in residence is lower for certain psychoses than the percentage for the same psychoses in the readmissions for 1929. Psychoses falling in this class are in order of importance; manic-depressive psychoses, psychoses with cerebral arteriosclerosis, general paralysis, and psychoses with other somatic diseases. That is, considering the readmissions, we note again that there is a tendency for cases with the foregoing psychoses to leave the institutions (by discharge or death) and not to be retained within institutions. Again we note that the percentages for certain psychoses are higher among the resident readmissions than among the readmissions for 1929, indicating that there is a definite tendency for cases with these psychoses to be retained. The particular psychoses concerned are, in order of importance; dementia praecox, epileptic psychoses, psychoses with mental deficiency, and paranoia.

MONTH OF ADMISSION FOR ADMISSIONS, DISCHARGES AND DEATHS
DURING 1929; COMPARED WITH ALL CASES IN RESIDENCE.

Table 64 discusses the month of admission for all admissions, discharges and deaths during the year 1929, and for all cases in residence on September 30, 1929. The month showing the greatest proportion is August with 9.02 per cent of admissions. In all types of admissions December shows the smallest proportion with 7.51 per cent. In considering the discharges we note that the high month of admission is July with 9.08 per cent and the low month, September with 7.49 per cent. The largest number of patients dying were admitted during the month of May with 9.97 per cent, the smallest number were admitted in October, with 7.52 per cent. The resident population presents June as the high month of admission with 9.92 per cent. February is the low month with 7.04 per cent.

TABLE 64. — *Month of Admission, for Admissions, Discharges, Deaths — 1929, and All Cases in Residence September 30, 1929.*¹

MONTH OF ADMISSION.	DURING STATISTICAL YEAR 1929.						IN RESIDENCE ON SEPTEMBER 30, 1929.	
	ADMISSIONS.		DISCHARGES.		DEATHS.			
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
October	511	8.18	306	7.59	138	7.52	1,495	7.29
November	510	8.16	344	8.53	156	8.50	1,474	7.14
December	472	7.51	318	7.88	160	8.72	1,536	7.49
January	554	8.81	354	8.77	160	8.72	1,593	7.77
February	545	8.67	353	8.75	142	7.74	1,442	7.04
March	528	8.40	331	8.21	154	8.39	1,886	9.21
April	514	8.18	331	8.21	146	7.96	1,666	8.13
May	536	8.53	352	8.73	183	9.97	1,941	9.47
June	522	8.31	329	8.16	138	7.52	2,033	9.92
July	531	8.45	366	9.08	159	8.67	1,865	9.10
August	567	9.02	347	8.60	150	8.17	1,770	8.69
September	489	7.78	302	7.49	149	8.12	1,793	8.75
Total	6,279	100.0	4,033	100.0	1,835	100.0	20,494	100.0

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.

In considering the month of admission for all of these groups we note that all classes, whether admissions, discharges, deaths or in residence, had their high point of admission between May and August. The months presenting the smallest proportion of admissions for all groups average between September and February.

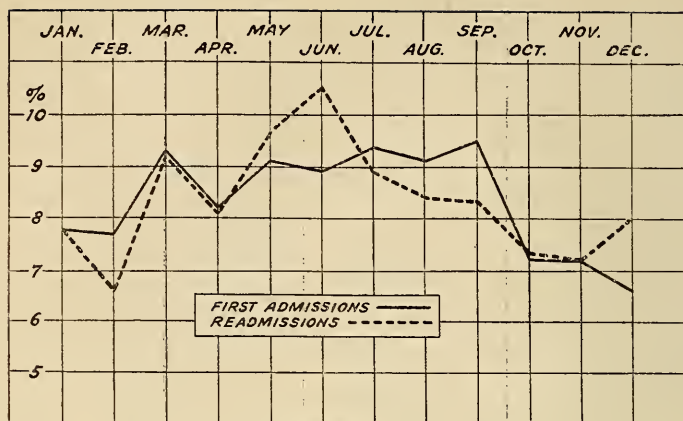
MONTH SHOWING LARGEST PROPORTION OF ADMISSIONS FOR CERTAIN PSYCHOSES; ALL RESIDENT POPULATION ON SEPTEMBER 30, 1929.

The admission month which presented the greatest proportion of admissions for the largest number of psychoses is March with 6 psychoses; 4 psychoses for first admissions and 2 psychoses for readmissions (Table 65 and Graph 8). September is second with 5 psychoses: 3 for first admissions and 2 for readmissions. June also has 5, with one psychosis among first admissions and 4 psychoses among readmissions. We note that October, November, December and January had no psychosis presenting an admission peak in those months. We note that the high month of admission for dementia praecox is June in both first admissions and readmissions. We note also that September is the high month of admission for psychoses with cerebral arteriosclerosis in both first admissions and readmissions. All other psychoses differ in their high month of admission when we compare first admissions and readmissions.

TABLE 65. — *Month Showing Highest Percentage of Admissions for Certain Psychoses; All Resident Population on September 30, 1929.*¹

TYPE OF ADMISSION.	JAN.	FEB.	MARCH.	APRIL.	MAY.	JUNE	JULY.	AUGUST.	SEPTEMBER.	OCT.	NOV.	DEC.
First Admissions	None.	Mental De- ficiency.	Senile. Paranoia or para- noid conditions. Cerebral syphilis. Psychopathic Personality.	None.	With Epilepsy.	Dementia Praecox.	Somatic Diseases.	Manic-depressive. With brain diseases. General paralysis. (High admission month — all first admissions).	Alcoholic. Arteriosclerosis. Involution melancholia.	None.	None.	None.
Readmis- sions.	None.	Somatic diseases.	Alcoholic. With epilepsy.	Involution melan- cholia.	Cerebral syphilis.	Dementia praecox. Senile. Psychopathic personality. Mental deficiency.	Manic- depressive. With brain diseases. General Paralysis.	None.	Arteriosclerosis. Paranoia or para- noid conditions. (High admission month — all re- admissions).	None.	None.	None.

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.



GRAPH 8. — PERCENTAGE DISTRIBUTION OF MONTH OF ADMISSION IN FIRST ADMISSIONS AND READMISSIONS OF THE RESIDENT POPULATION OF MENTAL HOSPITALS ON SEPTEMBER 30, 1929.

In summarizing, we note that there is a period of the year between February and September in which all psychoses reach their peak in numbers of admissions. There appears to be another period between October and June inclusive when there is the least likelihood of the various psychoses being admitted to institutions. Insofar as this is based upon the total resident population of all mental hospitals on September 30, 1929, the actual number being 20,494, the results are of interest from a standpoint of seasonal variations in admissions to mental hospitals.

ADMISSION AGES OF ALL FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE.

The total number of patients resident in mental hospitals on September 30, 1929 was 20,494. Twelve thousand, six hundred eighty-two of these resident cases, or approximately 62 per cent were readmissions (Table 66). This is in marked contrast to the admissions of any current year which are made up approximately of 80 per cent of first admissions and 20 per cent of readmissions. This fact reveals that the readmissions tend to be retained and contribute a larger portion of the residual population of mental hospitals.

TABLE 66. — *Admission Ages of First Admissions and Readmissions in the Resident Population on September 30, 1929.*¹

AGE GROUPS.	TOTAL.			FIRST ADMISSIONS.			READMISSIONS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 15 years . . .	215	184	399	130	122	252	85	62	147
15-19 years . . .	448	341	789	207	137	344	241	204	445
20-24 years . . .	1,081	662	1,743	437	258	695	644	404	1,048
25-29 years . . .	1,530	1,018	2,548	526	343	869	1,004	675	1,679
30-34 years . . .	1,649	1,285	2,934	500	385	885	1,149	900	2,049
35-39 years . . .	1,432	1,401	2,833	511	434	945	921	967	1,888
40-44 years . . .	1,141	1,267	2,408	416	375	791	725	892	1,617
45-49 years . . .	857	1,129	1,986	358	364	722	499	765	1,264
50-54 years . . .	638	946	1,584	251	328	579	387	618	1,005
55-59 years . . .	482	607	1,089	200	231	431	282	376	658
60-64 years . . .	353	478	831	189	206	395	164	272	436
65-69 years . . .	271	326	597	148	186	334	123	140	263
70-74 years . . .	136	232	368	98	159	257	38	73	111
75-79 years . . .	90	143	233	70	109	179	20	34	54
80-84 years . . .	31	73	104	25	66	91	6	7	13
85-89 years . . .	14	26	40	12	23	35	2	3	5
90 years and over . . .	—	8	8	—	8	8	—	—	—
Total . . .	10,368	10,126	20,494	4,078	3,734	7,812	6,290	6,392	12,682
Average Age . . .	38.19	42.14	40.14	39.73	44.33	41.93	37.18	40.85	39.03

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.

The average age at admission for all types of admissions combined is 40.14 years for both sexes: 38.19 for the males and 42.14 for the females. As we compare the first admissions for the year 1929 we find that the females averaged 1.2 years older than the males. In the resident population, we observe that the sex difference in admission age is nearly 4 years, the females again being the older.

The resident first admissions present 945 patients in the ages admitted between 35-39 years. The admission age group 30-34 years is second with 885 patients. The age group 25-29 years is third with 869 admitted. We note a sharp reduction in the numbers admitted in the age group 40-44 years as compared with the age group 35-39 years. The average admission age for both sexes is 41.9 years: 39.7 years for the males and 44.3 years for the females. We see here a sex difference of over 4 years, the females again presenting a higher average age at admission.

Among the readmissions, we note that the modal admission age falls in the age group 30-34 years, or 5 years earlier than was observed in the first admissions in residence. The average admission age for both sexes for all readmissions is 39.0 years: for males 37.1 years, and for females 40.8 years. We notice here that the observed sex difference is less than 4 years. We note also that the average age at admission for readmissions (39.0 years) is nearly 3 years less than the average age for first admissions in residence. We have here an apparent inconsistency in that readmissions are admitted to the institutions with a lower average age than first admissions. This suggests that the readmissions are made up of cases developing a psychosis in the earlier ages and consequently the readmission ages are below average. At the same time it should be recalled that readmissions are made up of psychoses occurring in the younger age groups and are comparatively rare among the psychoses occurring in the older age groups. On the other hand, the first admissions are made up of psychoses occurring at all ages. In this group the death rate in the older age groups will be high, and, therefore, the possibility of readmission in the psychoses of the higher age group is less. This in a certain measure may account for the higher average age observed in first admissions as compared with readmissions.

AVERAGE ADMISSION AGE AND AVERAGE PRESENT AGE OF ALL PATIENTS IN RESIDENCE.

The average age at admission was 40.1 years: 38.1 years for the males, and 42.1 years for the females (Table 67). The highest average admission age occurred in senile psychoses, 70.6 years. Next in order are: psychoses with cerebral arteriosclerosis, 66.9 years; involution melancholia, 52.7 years; and psychoses with brain tumor, 51.6 years. The lowest average ages at admission are observed in the group without psychoses, epilepsy with mental deficiency, 21.9 years. Next in order follow without psychoses, epilepsy, 28.8 years; epileptic psychoses 33.0 years; and without psychoses, mentally deficient, 33.5 years. The average admission age for dementia praecox was 36.4 years, and 44.9 years was the average age for manic-depressive psychoses.

TABLE 67. — *Admission Ages and Present Age of All Patients in Residence on September 30, 1929; by Psychoses.*

PSYCHOSES.	NUMBER.			AVERAGE AGE AT ADMISSION.			PRESENT AVERAGE AGE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	35	6	41	43.2	43.6	43.3	50.1	46.6	49.6
Senile	199	475	674	69.8	70.9	70.6	73.2	73.8	73.7
With cerebral arteriosclerosis	353	346	699	66.8	67.1	66.9	69.2	69.6	69.4
General paralysis	425	105	530	43.8	45.3	44.1	46.5	50.0	47.2
With cerebral syphilis	60	28	88	45.3	49.2	46.5	50.5	56.7	52.5
With Huntington's chorea	8	8	16	45.0	38.7	41.8	48.7	41.2	45.0
With brain tumor	—	3	3	—	51.6	51.6	—	51.6	51.6
With other brain or nervous diseases	118	76	194	37.6	39.2	38.2	41.2	43.8	42.2
Alcoholic	1,046	213	1,259	47.0	48.4	47.3	56.0	57.6	56.3
Due to drugs and other exogenous toxins	10	10	20	43.0	45.0	44.0	49.0	53.0	51.0
With pellagra	2	3	5	40.0	51.6	47.0	40.0	55.0	49.0
With other somatic diseases	53	80	133	47.2	44.4	45.5	49.9	47.1	48.2
Manic-depressive	570	1,045	1,615	45.8	44.4	44.9	51.6	50.2	50.7
Involution melancholia	95	282	377	54.4	52.1	52.7	59.4	57.7	58.1
Dementia praecox	5,334	5,435	10,769	33.6	38.9	36.4	43.9	49.2	46.6
Paranoia or paranoid conditions	168	329	497	47.2	50.9	49.8	54.4	58.2	56.9
Epileptic psychoses	565	546	1,111	32.9	33.1	33.0	40.2	42.1	41.1
Psychoneuroses and neuroses	32	65	97	38.1	41.0	40.1	40.6	45.0	43.6
With psychopathic personality	98	77	175	36.6	41.0	38.5	43.0	46.1	44.4
With mental deficiency	748	633	1,381	33.3	35.2	34.1	42.7	44.4	43.5
Undiagnosed psychoses	24	11	35	41.3	47.7	43.3	42.0	49.5	44.4
Without psychoses:									
No associated condition	9	4	13	36.3	50.5	40.6	36.3	53.0	41.4
Epilepsy	13	50	63	30.0	28.4	28.8	33.1	38.8	37.6
Alcoholism	1	—	1	35.0	—	35.0	35.0	—	35.0
Drug addiction	—	1	1	—	75.0	75.0	—	85.0	80.7
Psychopathic personality	12	2	14	36.6	40.0	37.1	40.8	40.0	40.7
Mental deficiency	124	85	209	34.8	31.6	33.5	44.5	41.6	43.3
Other conditions	11	2	13	44.4	45.0	44.5	44.4	45.0	44.5
Epilepsy with mental deficiency	253	204	457	21.8	22.0	21.9	26.6	26.2	26.4
Total	10,368	10,126	20,494	38.1	42.1	40.1	46.6	50.5	48.5

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.

In considering the present average age of these resident cases, the total for both sexes is 48.5 years; 46.6 years for the males, and 50.5 years for the females. The highest average present age occurs in senile psychoses, 73.7 years. Next in order are: psychoses with cerebral arteriosclerosis, 69.4 years; involution melancholia, 58.1 years; and paranoia, 56.9 years. The smallest average present ages are observed in the "without psychoses" group being led by without psychoses, epilepsy with mental deficiency, 26.4 years. In order follow: without psychoses, alcoholism, 35.0 years; without psychoses, epilepsy, 37.6 years; and without psychoses, psychopathic personality, 40.7 years.

COMPARISON BETWEEN AVERAGE ADMISSION AGE OF FIRST COURT ADMISSIONS, 1929, AND ALL RESIDENT POPULATION ON SEPTEMBER 30, 1929.

Table 68 gives us the average admission age of resident population September 30, 1929, compared with average age of first admissions, 1929, by psychoses. Psychoses presenting the smaller numbers were omitted. We observe the interesting fact that the admission age for the resident population, 40.1 years, is considerably lower than that of first admissions for the year 1929, 48.5 years. While this is true for the total, there are several psychoses which do not conform to this general trend. For example, we observe in the alcoholic psychoses that the average age of first admissions was 47.1 years, and that the average age of the resident population was 47.3 years. Other psychoses presenting this non-conforming trend are: manic-depressive psychoses, 39.9 years — 44.9 years; dementia praecox, 34.0 years — 36.4 years; involution melancholia, 52.4 years — 52.7 years; paranoia, 47.8 years — 49.8 years; psychoses with psychopathic personality, 32.9 years — 38.5 years.

TABLE 68. — *Average Admission Ages of Resident Population September 30, 1929, Compared with Average Ages of First Admissions 1929, by Certain Psychoses.*¹

PSYCHOSES.	AVERAGE ADMISSION AGE IN YEARS.	
	FIRST ADMISSIONS.	RESIDENT POPULATION.
Senile	74.4	70.6
With cerebral arteriosclerosis	70.2	66.9
General paralysis	45.8	44.1
Alcoholic	47.1	47.3
With other somatic diseases	49.1	45.5
Manic-depressive	39.9	44.9
Dementia praecox	34.0	36.4
Involution melancholia	52.4	52.7
Paranoia or paranoid conditions	47.8	49.8
With other brain or nervous diseases	40.0	38.2
With mental deficiency	36.9	34.1
Without psychoses	36.3	26.6
Epileptic psychoses	33.6	33.0
With psychopathic personality	32.9	38.5
All other psychoses	45.9	43.4
Total	48.5	40.1

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.

In discussing this table, it must be recalled that the first admissions for any given year have three possibilities as to outcome: they may be discharged, they may die, or they may remain in residence. In attempting to reach a conclusion as to the younger admission ages of the resident population, the fact must be considered that the resident population is only the residue of the first admissions of former years. Otherwise, it would be a simple matter to generalize from this table and say that certain psychoses are being admitted at younger ages than they were in former years, while other psychoses are being admitted at older ages.

COMPARISON BETWEEN NATIVITY AND CITIZENSHIP IN ALL FIRST ADMISSIONS, 1929, AND RESIDENT POPULATION ON SEPTEMBER 30, 1929.

Table 69 shows the comparison between nativity and citizenship in first admissions 1929 and resident population September 30, 1929. While 59.1 per cent of first admissions for 1929 were native-born and 62.7 per cent of the resident population belonged in this group, the Massachusetts population in 1920 showed 71.7 per cent native-born. Forty and nine-tenths per cent of first admissions in 1929 were foreign born, and 37.3 per cent of the resident population belonged in this group as compared with 28.3 per cent of foreign born of the state population. We see here an excess of the foreign born in both the resident population and in the first admissions for 1929.

TABLE 69. — *Percentage Distribution of Nativity and Citizenship in First Admissions 1929; and Resident Population in Institutions on September 30, 1929; Compared with Massachusetts Population, 1920.*¹

	ALL FIRST ADMISSIONS 1929.	RESIDENT POPULATION SEPTEMBER 30, 1929.	STATE POPULATION 1920.
Native	59.1	62.7	71.7
Foreign Born	40.9	37.3	28.3
Citizens by Naturalization	17.3	11.3	
Aliens	23.6	26.0	
	100.0	100.0	100.0

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.

If we recall the average length of hospital stay of 9 years for the resident population, we may say that 37 per cent of admissions of approximately ten years ago, or 1920, were foreign born. We observed that 40.9 per cent of the 1929 first admissions are foreign born. It appears that the foreign born are presenting themselves to our hospitals in greater proportion than was the case ten years ago. This conclusion does not consider the probable increase in relative numbers of foreign born in Massachusetts since 1920. We observe that the foreign born first admissions figure of 40.9 per cent, for 1929 is a 12.6 per cent excess over the State population of 28.3 per cent for the year 1920.

We see another interesting change within the foreign born group in reference to naturalization. The resident population or the admissions of previous years had presented 11.3 per cent of patients who were citizens by naturalization. The first admissions for 1929, however, presented 17.3 per cent of cases of patients who were naturalized, an increase of 6 per cent. Stating the matter in another way, the percentage of aliens in the resident population was 26 per cent. In the first admissions for 1929, this was 23.6 per cent, a decrease of 2.4 per cent. In other words, while larger portions of foreign born seem to be presenting themselves to our State Hospitals, we may say that there is a tendency for smaller numbers of these to be aliens and larger numbers of these foreign born to be naturalized citizens. Again this conclusion is subject to the relative population changes between 1920 and 1929.

COMPARISON BETWEEN COUNTRY OF BIRTH OF FOREIGN BORN FIRST COURT ADMISSIONS, 1929, AND RESIDENT POPULATION ON SEPTEMBER 30, 1929.

Table 70 shows us the country of birth of foreign born patients, outlining the rates per 100,000 of the same country of birth in accordance with the 1920 census of the State of Massachusetts. It gives a comparison between first admissions during 1929 and all cases in residence on September 30, 1929. In this table we have arranged the countries in order of frequency of the admission rates for first admissions during the year 1929. We observe that Finland leads this list as a country of birth with 157 foreign born patients from this country being admitted to mental hospitals during 1929 per 100,000 of the State population born in Finland in accordance with the census of 1920. Other countries in order are: Ireland, 149; Germany, 140; Greece, 127; and Scotland, 126. The same material for all patients in residence in mental hospitals at the end of the statistical year reveals that the order of countries has changed somewhat. Austria now is in first position with 1,840 patients in residence in mental hospitals on September 30, 1929 in accordance with the State population of Massachusetts 1920. There follows in order: Ireland, 1,061; Germany, 881; Finland, 851; and Russia, 793. In considering the rank order of these cases in the first admissions, 1929, and resident cases, we note that the only countries preserving the original order in foreign born groups are: Ireland, (second position); Germany (third position); Canada (ninth position); and Portugal (thirteenth position).

TABLE 70. — *Country of Birth of Foreign Born Patients, First Admissions, 1929; and All Cases in Residence on September 30, 1929; Rates per 100,000 of State Population of Same Country of Birth, 1920 Census.*¹

COUNTRY.	RATE—FIRST ADMISSIONS, 1929	Order	RATE — ALL CASES IN RESIDENCE, ²	Order
Finland	157.	1	851.	4
Ireland	149.	2	1061.	2
Germany	140.	3	881.	3
Greece	127.	4	508.	12
Scotland	126.	5	519.	11
Poland	124.	6	659.	7
Austria	123.	7	1840.	1
Italy	117.	8	530.	10
Canada	105.	9	595.	9
Sweden	105.	10	662.	6
England	96.	11	615.	8
Russia	88.	12	793.	5
Portugal	55.	13	307.	13
All other countries	121.	—	663.	—
All countries	114.		696.	

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Hospitals Nos. 107 and 95.

²Only countries considered are those having one hundred or more patients in the resident population

A comparison of this sort makes possible an investigation into the relative tendency of patients from certain foreign countries to remain longer or shorter periods of time within our institutions. The first admissions to a certain degree register the frequency with which patients from these countries are withdrawn from the community and placed within mental hospitals. If we compare these rates with the rates for patients in residence in mental hospitals, we may receive suggestions in reference to the countries showing relatively higher or lower proportions in the resident population. In this discussion, however, it should be recalled that there are many other factors which may alter the discharge rate. Again there may be higher death rates among patients born in certain countries. These factors might give us suggestions of retention of certain groups in the resident population which were not dependent upon the country of birth.

COUNTY OF RESIDENCE; ADMISSIONS 1929, AND RESIDENT POPULATION ON SEPTEMBER 30, 1929.

Table 71 and Graph 9 give the county of residence and the rate per 100,000 population for the same county for (1) patients (court commitment) admitted to all mental hospitals during the year 1929, (2) all patients remaining within institutions on September 30, 1929, and (3) all patients remaining on the books of institutions on September 30, 1929. In considering admissions we find the highest figure for Suffolk County. One hundred five persons per 100,000 of the estimated population of this county on July 1, 1929, were admitted to our mental hospitals during the year 1929. Berkshire and Hampshire are next in order with 93 persons per 100,000 population for each of these counties.

TABLE 71. — *County of Residence and Rates per 100,000 Population.*

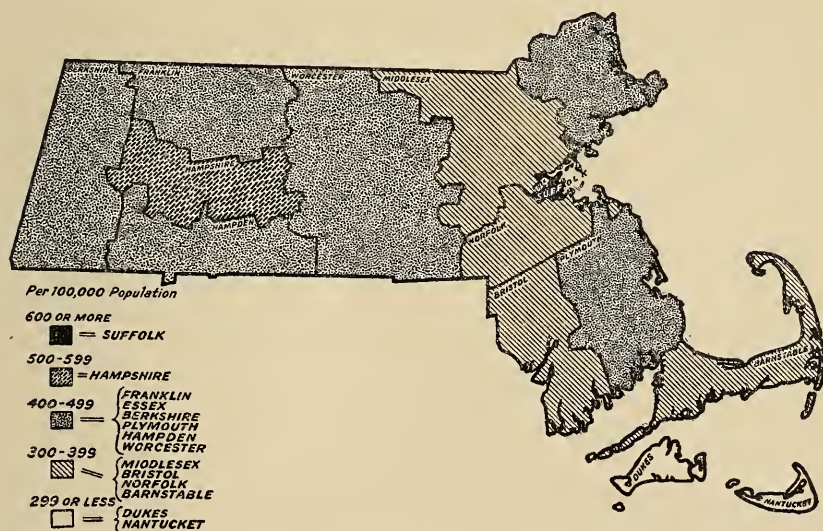
COUNTIES.	FIRST ADMISSIONS AND READMISSIONS BY COURT COMMITMENT, 1929 ¹			TOTAL CASES REMAINING WITHIN INSTITUTIONS SEPTEMBER 30, 1929 ²			TOTAL CASES REMAINING ON BOOKS OF INSTITUTIONS SEPTEMBER 30, 1929 ²		
	NUMBER.		Rate per 100,000 Population Same County. ³	NUMBER.		Rate per 100,000 Population Same County.	NUMBER.		Rate per 100,000 Population Same County.
	M.	F.		M.	F.		M.	F.	
BARNSTABLE	11	14	25	56	55	111	58	65	123
BERKSHIRE	61	58	119	274	276	550	305	311	616
BRISTOL	160	130	290	772	762	1,534	837	837	1,670
BRISTOL	1	1	2	9	5	14	9	6	15
DUXES	224	186	410	1,158	1,055	2,213	1,257	1,107	2,424
ESSEX	20	13	33	122	97	219	128	113	241
FRANKLIN	149	138	287	726	746	1,472	808	850	1,658
HAMPDEN	41	33	74	201	197	398	219	230	449
HAMPDEN	304	322	626	1,706	1,932	3,638	1,861	2,117	3,978
MIDDLESEX	—	1	1	4	5	9	6	6	12
NANTUCKET	92	124	216	489	565	1,054	538	613	1,151
NORFOLK	68	60	134	396	332	728	436	365	801
PLYMOUTH	479	480	959	2,751	2,988	5,739	2,974	3,263	6,237
SUFFOLK	231	206	437	1,112	1,034	2,146	1,257	1,175	2,432
WORCESTER	119	30	149	421	77	498	461	84	545
NON-RESIDENT OF STATE	11	—	—	171	—	171	172	—	—
UNKNOWN	—	—	—	—	—	—	—	—	—
Total	1,971	1,802	3,773	10,368	10,126	20,494	11,326	11,198	22,524
									537.

¹Includes Bridgewater, Tewksbury, McLean and U. S. Veterans Hospitals' Nos. 107 and 95.²Includes transfers.³Estimated population of Massachusetts as of July 1, 1929.

The lowest rates for admission are observed in Franklin County, 65 persons; Dukes County, 38 persons; and Nantucket County, 29 persons. The total rate for all counties is 89 persons per 100,000 of the State population.

The foregoing rates give the figures for the admissions of a single year. However, we wish to consider the resident population of mental hospitals on September 30, 1929. Suffolk County has the highest figure with 629 persons in residence in mental hospitals on September 30, 1929 per 100,000 of the population. Hampshire follows with 501, and Franklin is third with 434. The following counties have the lowest rates for cases in residence: Barnstable, 345; Dukes, 268; and Nantucket, 266. The total rate for all counties is 467 persons in mental hospitals per 100,000 of the State population.

The foregoing figures give us information on actual resident population. However, they do not give us the entire picture of all cases under the care of these institutions. This can be found only in the total cases on the books of institutions on September 30, 1929. In considering this point, we observe again Suffolk County leads with 683 persons on the books of mental hospitals on September 30, 1929 per 100,000 of the estimated population of that county. Next in order is Hampshire with 565 and Berkshire with 482. The lowest rates are observed in Barnstable, 383; Nantucket, 355; and Dukes, 287. The total for all counties is 537 persons on the books of mental hospitals, 1929, per 100,000 of the estimated population of the State.



GRAPH 9. — COUNTY OF RESIDENCE AT TIME OF ADMISSION, PATIENTS RESIDENT IN STATE HOSPITALS 1929. RATES PER 100,000 POPULATION OF SAME COUNTY.

Graph 9 presents the patients resident in State Hospitals for mental disease on September 30, 1929 in rates per 100,000 of the population of the same county. This method displays graphically the counties having the largest proportional representations within our mental hospitals. As has been mentioned in the preceding paragraphs, Suffolk shows the highest rate (over 600 per 100,000) for mental disease in State Hospitals; Hampshire County is second (between 500 and 599 persons); and Berkshire, Franklin, Hampden, Worcester, Essex and Plymouth are in third position (between 400 and 499 persons).

If we attempt to explain the incidence of mental disease on a population concentration basis, we would expect to see this somewhat in evidence in counties containing other cities with a population of over 100,000 persons, such as: Springfield (Hampden County); Worcester (Worcester County); Lowell (Middlesex County); Cambridge (Middlesex County); Fall River (Bristol County); New

Bedford (Bristol County); and Lynn (Essex County). However, we find that Suffolk County, containing the city of Boston, is the only county conforming to this hypothesis. Hampshire is in second position, and yet this county contains but one city, and that has a population of less than 25,000 (1925). Again we see that Middlesex, Norfolk, Bristol and Plymouth show a low relative incidence for mental disease, and yet these counties contain the cities of Lowell, Cambridge, Fall River and New Bedford, all with populations of over 100,000 persons. These conflicting results force us to turn to other factors than population concentration as a solution to the present situation in reference to mental disease in Massachusetts.

MENTALLY DEFICIENT.

Section F. General Discussion of All Cases Under Care in State Schools
for the Mentally Deficient, 1929.

Section F is devoted to the general discussion of all classes of the mentally deficient under treatment in public and private schools for the year 1929.

PATIENTS IN SCHOOLS FOR THE MENTALLY DEFICIENT, SEPTEMBER 30, 1929.

Table 72 shows that the total number of mentally deficient patients in both public and private institutions at the end of the statistical year was 4,159 actually within the institutions, and 4,581 on the books of the various schools. The State Schools had 3,941 patients actually within institutions and 4,363 patients on the books of all State Schools. The Belchertown State School had a total of 867 actually within the institution and 958 on the books. The Walter E. Fernald State School had 1,678 actually within the institution and 1,798 on the books. The Wrentham State School had 1,396 actually within the institution and 1,607 on the books. Eight private schools had 218 patients actually within institutions and 218 on the books at the end of the statistical year.

TABLE 72. — *Number of Patients in Public and Private Schools for the Mentally Defective, September 30, 1929; By School.*

SCHOOLS.	Actually in the Institution.	On the Books.
State:		
Belchertown	867	958
Walter E. Fernald	1,678	1,798
Wrentham	1,396	1,607
Total	3,941	4,363
Private:		
Elm Hill	29	29
Mentally Defective in Hospital Cottages	107	107
Ring Sanatorium and Hospital, Inc.	1	1
Dr. Mellus' Private Hospital	1	1
Standish Manor	16	16
Perkins School of Adjustment	39	39
The Freer School	8	8
Clarke School	3	3
Glenn School	4	4
Total	218	218
Total all patients.	4,159	4,581

Compared with the figure of 4,082 actually within institutions on September 30, 1928, we observe an increase of approximately 2 per cent. The rate per 100,000 of the population for 1929 was 94.4 for patients actually within institutions; for those on the books it was 104.5. These rates do not accurately picture the incidence of mental defect but simply reflect the rate of institutional provision for mental defectives for the particular year 1929.

PATIENTS "ON VISIT", "ON PAROLE," AND "ON ESCAPE" FROM STATE SCHOOLS
ON SEPTEMBER 30, 1929.

The number of patients "on visit", "on parole", and "on escape" in State Schools in 1929 was 422 or 9.7 per cent of the total number of patients on the books. Table 73 reveals that of the total of 422 out of institutions at the end of the year, 108 or 35.5 per cent were "on visit"; 231 or 54.8 per cent were "on parole"; and 83 or 19.6 per cent were "on escape".

TABLE 73. — *Number of Patients "On Visit", "On Parole", and "On Escape" in State Schools on September 30, 1929, by School, Percentage Distribution.*

STATE SCHOOLS.	Num- ber on Books	"ON VISIT"		"ON PAROLE"		"ON ESCAPE"		TOTAL	
		Num- ber.	Per cent.	Num- ber.	Per. cent	Num- ber.	Per cent.	Num- ber.	Per cent.
Belchertown	958	18	1.9	38	4.1	35	3.6	91	9.5
Walter E. Fernald . . .	1,798	42	2.3	60	3.3	18	1.0	120	6.7
Wrentham	1,607	48	2.9	133	8.2	30	2.2	211	13.1
Total	4,363	108	2.5	231	5.3	83	1.9	422	9.7

On September 30, 1929, the Belchertown State School had 18 patients or 1.9 per cent of its total population out "on visit"; 38 patients or 4.1 per cent were "on parole"; and 35 patients or 3.6 per cent were "on escape", making a total of 91 patients or 9.5 per cent out of the institution at the end of the year. The Walter E. Fernald State School had 42 patients or 2.3 per cent of its total population "on visit"; 60 patients or 3.3 per cent "on parole"; and 18 patients or 1.0 per cent "on escape", making a total of 120 patients or 6.7 per cent out of the institution on September 30, 1929. The Wrentham State School had 48 patients or 2.9 per cent of its total population "on visit"; 133 patients or 8.2 per cent "on parole"; and 30 or 2.2 per cent "on escape", making a total of 211 patients or 13.1 per cent out of the institution at the end of the statistical year. Patients "on visit" are those absent from the State Schools for a definite period of time while patients "on parole" are permitted to leave under supervision for an indefinite period, the length of this period being dependent upon their behavior in the community. Both groups are considered as remaining on the books of the institution and are under the control of the School until discharged.

NUMBER AND PERCENTAGE OF PATIENTS "ON VISIT" AND "ON ESCAPE" FROM STATE SCHOOLS, 1910-1929.

Table 74 shows that the lowest percentage of patients "on visit" and "on parole" was 4.8 per cent and occurred in 1910. There was a gradual increase in the percentage over the following years until the high percentage of 13.7 per cent was reached in 1924. Since that time there has been a slight decline. The year 1929 (7.8 per cent) reveals a slight increase over 1928 (7.5 per cent). This decrease over the last few years is due partly to administrative changes which no longer permit carrying a patient "on visit" indefinitely. This regulation has a tendency to increase the number of discharges but slightly decreases the number of patients held "on visit." The percentage of patients "on escape" at the end of each statistical year varied from the low figure of .4 per cent in 1910 to the high point of 2.8 per cent in 1919.

TABLE 74. — *Number and Percentage of Patients "On Visit," "On Parole", and "On Escape" from State Schools September 30, 1910-1929.*

YEAR.	Number on the Books.	Number on Visit and Parole. ¹	Per cent.	Number on Escape.	Per cent.
1910	1,654	80	4.8	7	.4
1911	1,772	115	6.4	15	.8
1912	1,985	130	6.5	10	.5
1913	2,049	104	5.0	23	1.1
1914	2,366	157	6.6	15	0.6
1915	2,471	134	5.4	28	1.1
1916	2,873	237	8.2	54	1.8
1917	2,947	222	7.5	52	1.7
1918	3,115	305	9.8	47	1.5
1919	3,219	387	12.0	93	2.8
1920	3,163	290	9.1	53	1.6
1921	3,375	376	11.1	58	1.7
1922	3,315	401	12.1	65	1.9
1923	3,762	463	12.3	60	1.5
1924	4,075	560	13.7	55	1.3
1925	4,125	488	11.8	44	1.0
1926	4,145	429	10.3	56	1.3
1927	4,162	332	7.9	70	1.6
1928	4,304	325	7.5	67	1.5
1929	4,363	339	7.8	83	1.9

¹Number on parole, 1929 — 231.

ALL ADMISSIONS TO STATE SCHOOLS FOR THE MENTALLY DEFECTIVE.

Table 75 gives the total first admissions and readmissions (excluding transfers) to State Schools for the years 1904-1929. Considering the Walter E. Fernald State School alone, we observe the largest number of cases were admitted in 1923, 1905, and 1909, or 323, 282, and 275 admissions respectively. Wrentham State School admitted the most cases in 1916, 482 patients. The next years in order were 1914, (240 admissions) and 1921 (238 admissions). Belchertown State School admitted the greatest number in 1925 (142 cases) and the fewest in 1929 (54 cases). Considering the total for all years, we observe that 667 cases were admitted in 1916, 586 cases in 1923, and 556 cases in 1924. Observing particularly the period from 1923 onward, during which three State Schools were receiving patients, we note a steady decrease from a total of 586 admissions in 1923 to 304 admissions in 1929. This decreasing rate for admissions does not indicate in any way a decreasing demand for admissions to these State Schools. It indicates that the accumulation of patients within these institutions and the resulting over-crowding had reached a point where the superintendents found it necessary to restrict the number of new cases coming into their institutions. During the period 1904-1929, we observe that a total of 9,255 cases were admitted to all State Schools. Five thousand, two hundred and ninety-eight cases were admitted to Walter E. Fernald State School or an average of 203.7 admissions per year. During 1910-1929, 3,265 cases were admitted to Wrentham State School or an average of 163.2 admissions per year. For the period 1923-1929, a total of 692 patients were admitted to Belchertown State School or an average of 115.3 admissions per year. However, it should be recalled that the present capacities of both Wrentham and Belchertown are considerably smaller than Walter E. Fernald State School, and this necessarily limits their admission averages.

TABLE 75. — *All Admissions to Schools for the Mentally Defective, from the Community.*¹

YEAR.	TOTAL.	WALTER E. FERNALD.	WRENTHAM.	BELCHERTOWN.
1904	100	100	—	—
1905	282	282	—	—
1906	187	187	—	—
1907	215	215	—	—
1908	273	273	—	—
1909	275	275	—	—
1910	377	250	127	—
1911	266	188	78	—
1912	361	190	171	—
1913	228	192	36	—
1914	468	228	240	—
1915	322	231	91	—
1916	667	185	482	—
1917	363	195	168	—
1918	418	190	228	—
1919	372	230	142	—
1920	356	220	136	—
1921	414	176	238	—
1922	283	174	109	—
1923	586	323	164	99
1924	556	245	196	115
1925	435	146	147	142
1926	355	147	117	91
1927	382	167	149	66
1928	410	172	113	125
1929	304	117	133	54
Total	9,255	5,298	3,265	692

¹Transfers not included.

This table considers all admissions as a group rather than the usual division into first admissions and readmissions. For the total we may say that readmissions vary between 6 and 8 per cent for each year. This is in marked contrast with the proportion of readmissions to hospitals for mental disease which show about 20 per cent of readmissions for each year.

LEGAL FORMS OF ADMISSION TO STATE SCHOOLS FOR THE MENTALLY DEFICIENT.

In Massachusetts, patients are admitted to State Schools for the Mentally Defective under the following forms:

1. Voluntary admission: Sec. 47, Chap. 123, G. L.
 - a. Application by parent or legal guardian.
 - b. Medical certificate of a physician who has been in actual practice for three years last preceding the making of the oath, and who has examined the patient within five days of his signing and making oath to the certificate.
 - c. Trustees may receive such persons at their discretion.
2. Admission for Observation: Sec. 47, Chap. 123, G. L.
 - a. Application by parent or legal guardian.
 - b. Medical certificate of a physician who has been in actual practice for three years last preceding the making of the oath, and who has examined the patient within five days of his signing and making oath to the certificate.
 - c. Trustees may receive such persons at their discretion, and may detain them for observation for a period not exceeding 30 days.
3. Commitment of Mentally Defective: Sec. 66, Chap. 123, G. L., as amended by Chap. 10, Acts 1922 and by Chap. 293, Acts 1925.
 - a. Written application to the probate court.
 - b. Medical certificate of a physician who has been in actual practice for three years last preceding the making of the oath.
 - c. Order of commitment by judge of probate.

Section G. Admissions to State Schools for the Mentally Deficient During 1929.

The section following discusses various factors in connection with all admissions to the three State Schools for the mentally defective for the year October 1, 1928 to September 30, 1929.

LEGAL STATUS OF ALL ADMISSIONS AND READMISSIONS TO STATE SCHOOLS, 1929.

Table 76 reveals that 160 cases were received at the three State Schools under regular commitment during the year; 141 cases were admitted under the voluntary or "school" status; 3 were admitted as observation cases; and 7 were admitted by transfer, a total of 311 admissions for the year. The Wrentham State School admitted 136 cases, which was the largest number of any of the Schools. Walter E. Fernald State School was second with 119 cases, and Belchertown was third with 56 cases. Wrentham State School presents the largest number admitted under court commitment, that of 66 persons. Walter E. Fernald State School admitted 61 under this status, and Belchertown State School admitted 33. Under voluntary or "school" status, we observe that Wrentham admitted 66 cases, Walter E. Fernald 56, and Belchertown 19. There was a marked decrease in the number of admissions for 1929; 311, as compared with 467 in 1928. This decrease does not indicate a lessened demand for admission of cases to State Schools but simply indicates the necessary restriction of admissions in the face of overcrowding.

TABLE 76. — *Legal Status of All Admissions to State Schools, 1929; by Schools.*

	ALL STATE SCHOOLS.			BELCHER-TOWN.			WALTER E. FERNALD.			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Regular Commitment Cases admitted during year:												
First Admissions	69	77	146	17	14	31	32	24	56	20	39	59
Readmissions	10	4	14	2	—	2	4	1	5	4	3	7
Total	79	81	160	19	14	33	36	25	61	24	42	66
Voluntary Admission Cases admitted during year:												
First Admissions	86	45	131	7	9	16	37	12	49	42	24	66
Readmissions	5	5	10	1	2	3	4	3	7	—	—	—
Total	91	50	141	8	11	19	41	15	56	42	24	66
Observation Admission Cases admitted during year:												
First Admissions	2	1	3	1	1	2	—	—	—	1	—	1
Readmissions	—	—	—	—	—	—	—	—	—	—	—	—
Total	2	1	3	1	1	2	—	—	—	1	—	1
Total Cases admitted by transfer during year	2	5	7	1	1	2	1	1	2	—	3	3
Total Cases admitted during year	174	137	311	29	27	56	78	41	119	67	69	136

MENTAL STATUS OF ALL ADMISSIONS, 1929.

A total of 304 cases were admitted to the three State Schools during 1929, (excluding cases admitted by transfer) (Table 77). Fifty-seven or 18.7 per cent of these were idiots; ninety-two or 30.3 per cent were imbeciles; 142 or 46.8 per cent were morons; and 13 or 4.2 per cent were classified as not mentally defective. One hundred and seventy-two males were admitted and 132 females. Sex differences in mental status are observed. In the idiot group the percentage of males (20.3) exceeds that of the females (16.7). In the imbecile group, both sexes show 30.3 per cent of admissions. In the moron group, there were distributed 44.2 per cent males and 50.0 per cent females. In the classification not mentally defective, we observe 5.2 per cent of males and 3.0 per cent of females.

TABLE 77. — *Mental Status of All Admissions,¹ 1929; Percentage Distribution.*

MENTAL STATUS. ²	NUMBER.			PER CENT.		
	M.	F.	T.	M.	F.	T.
Idiot	35	22	57	20.3	16.7	18.7
Imbecile	52	40	92	30.3	30.3	30.3
Moron	76	66	142	44.2	50.0	46.8
Not mentally defective	9	4	13	5.2	3.0	4.2
Total	172	132	304	100.0	100.0	100.0

¹Excludes 7 cases admitted by transfer.²Idiot, I.Q. under .24; Imbecile, I.Q. .25-.49; Moron I.Q., .50-.74; Not mentally defective, I.Q. .75 or over.

In this table we note that 56 per cent of admissions during 1929 were males and 44 per cent females. In the imbecile group there is no sex difference. The males present larger proportions in the idiot and not mentally defective groups while the females present larger proportions in the moron group.

FIRST ADMISSIONS AND READMISSIONS TO STATE SCHOOLS, 1929.

According to the regulations outlined in the Statistical Manual of the National Committee for Mental Hygiene, statistics for first admissions, readmissions, discharges, and deaths concern mentally defective patients only (I. Q. .74 or less). In the previous table we discussed all admissions to State Schools for the year 1929, which was a total of 311. From this point on we confine our remarks to mentally defective admissions unless specifically stated otherwise.

During 1929 there were 291 mentally defective admissions to State Schools for the mentally defective. Two hundred and seventy or 92.8 per cent were first admissions and twenty-one or 7.2 per cent were readmissions (Table 78). Belchertown State School contributed 46 admissions of which 41 or 89 per cent were first admissions and 5 or 11 per cent were readmissions. The Walter E. Fernald State School contributed 114 admissions, 104 or 91.3 per cent of which were first admissions and 10 or 8.7 per cent were readmissions. Wrentham State School presented 131 admissions, 125 or 95.5 per cent first admissions and 6 or 4.5 per cent readmissions.

TABLE 78. — *Number and Percentage of First Admissions and Readmissions to State Schools, 1929, by School.¹*

STATE SCHOOLS.	TOTAL	FIRST ADMISSIONS.		READMISSIONS.	
		NUMBER.	PER CENT.	NUMBER.	PER CENT.
Belchertown	46	41	89.0	5	11.0
Walter E. Fernald	114	104	91.3	10	8.7
Wrentham	131	125	95.5	6	4.5
Total	291	270	92.8	21	7.2

¹Includes mentally defective first admissions and readmissions only (I. Q. .74 or less).

AGES OF FIRST ADMISSIONS TO STATE SCHOOLS, 1929.

The average age at admission of all first admissions to the three State Schools during 1929 was 12.7 years (Table 79). The average age for males (10.8 years) was lower than the females (14.9 years). In 1928, the average for both sexes was 13.3 years.

TABLE 79. — *Age Distribution: Number and Percentage of First Admissions to State Schools, 1929, by School.*¹

AGE GROUPS.	NUMBER.											
	ALL SCHOOLS.			BELCHERTOWN.			WALTER E. FERNALD.			WRENTHAM.		
	M.		T.	M.		T.	M.		T.	M.		T.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	17	7	24	1	—	1	3	2	5	13	5	18
5-9 years	51	25	76	4	1	5	27	8	35	20	16	36
10-14 years	57	34	91	11	8	19	27	10	37	19	16	35
15-19 years	18	29	47	2	6	8	8	4	16	8	15	23
20-24 years	6	15	21	1	5	6	3	4	7	2	6	8
25-29 years	1	5	6	1	1	2	—	3	3	—	—	1
30-34 years	—	3	3	—	—	—	—	1	1	—	2	2
35-39 years	—	1	1	—	—	—	—	—	—	—	1	1
40 years and over	—	1	1	—	—	—	—	—	—	—	1	1
Total	150	120	270	20	21	41	68	36	104	62	63	125
Average age in Years	10.8	14.9	12.7	12.8	16.7	14.8	11.1	14.8	12.4	9.9	14.4	12.2
AGE GROUPS.	PER CENT.											
	ALL SCHOOLS.			BELCHERTOWN.			WALTER E. FERNALD.			WRENTHAM.		
	M.		T.	M.		T.	M.		T.	M.		T.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	11.3	5.8	8.9	5.0	—	2.4	4.4	5.5	4.9	21.0	7.9	14.4
5-9 years	34.0	20.8	28.2	20.0	4.7	12.2	39.7	22.2	33.7	32.4	25.3	28.8
10-14 years	38.0	28.4	33.8	55.0	38.2	46.4	39.7	27.8	35.4	30.6	23.3	28.0
15-19 years	12.0	24.3	17.4	10.0	28.6	19.5	11.8	22.2	15.4	12.5	23.9	18.5
20-24 years	4.0	12.5	7.8	5.0	23.8	14.6	4.4	11.1	6.8	3.5	9.5	6.3
25-29 years	.7	4.1	2.2	5.0	4.7	4.9	—	8.4	2.9	—	1.6	3.8
30-34 years	—	2.5	1.1	—	—	—	—	2.8	.9	—	3.3	1.6
35-39 years	—	.8	.3	—	—	—	—	—	—	—	1.6	.8
40 years and over	—	.8	.3	—	—	—	—	—	—	—	1.6	.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

¹Includes mentally defective first admissions only (I. Q. .74 or less).

For the Belchertown State School the average age was 14.8 years: 12.8 years for the males and 16.7 years for the females. For the Walter E. Fernald State School the average was 12.4 years; 11.1 years for males and 14.8 years for females. For the Wrentham State School the average was 12.2 years; 9.9 years for the males and 14.4 years for the females. For each School the average admission age for females is consistently higher than for the males.

Of the total patients admitted, 191 or 70 per cent are under 15 years of age, and this general tendency is noted for each School. The number of children admitted under the age of 5 is largest for Wrentham (14.4 per cent). Important sex differences in admission ages are observed. In considering the total for all ages we see that 83.3 per cent of the males were admitted under the age of 14 years, while but 55 per cent of the females came within these age groups. Considering admission ages 15 years or higher we note that 16.7 per cent of the males fell in these groups, while 45.0 per cent of the females were admitted in these older age groups.

AGES OF READMISSIONS TO STATE SCHOOLS, 1929.

Table 80 shows that the average admission age of readmissions to State Schools during 1929 is 18.4 years: 16.3 years for the males and 21.9 years for the females. The highest average age of readmissions is observed at the Walter E. Fernald State School, that of 19.5 years: 17.5 for the males and 24.1 for the females. The Wrentham State School occupied the next highest, the average admission age being 19.1 years: 20.8 for males and 17.5 for females. The lowest admission age is observed at the Belchertown State School, that of 15.6 years; 9.1 for males and 25.2 for females.

TABLE 80. — *Age Distribution: Percentage of Readmissions to State Schools, 1929, by School.*¹

AGE GROUPS.	ALL SCHOOLS.			BELCHERTOWN.			WALTER E. FERNALD			WRENTHAM.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	—	—	—	—	—	—	—	—	—	—	—	—
5-9 years	15.4	—	9.5	66.6	—	40.0	—	—	—	—	—	—
10-14 years	30.7	25.0	28.6	33.4	50.0	40.0	42.9	33.3	40.0	—	—	—
15-19 years	23.1	37.5	28.6	—	—	—	28.5	—	20.0	33.3	100.0	66.7
20-24 years	23.1	—	14.4	—	—	—	14.3	—	10.0	66.6	—	33.3
25-29 years	7.7	12.5	9.5	—	—	—	14.3	33.3	20.0	—	—	—
30-34 years	—	12.5	4.7	—	—	—	—	33.3	10.0	—	—	—
35 years and over	—	12.5	4.7	—	50.0	20.0	—	—	—	—	—	—
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average age in yrs.	16.3	21.9	18.4	9.1	25.2	15.6	17.5	24.1	19.5	20.8	17.5	19.1

¹Includes mentally defective readmissions only (I. Q. .74 or less). Previous admissions to schools for mentally defective only.

There were no readmissions under 5 years of age, the ages 10-14 years and 15-19 years making up 57.2 per cent of all readmissions. Twenty-three and nine tenths per cent were readmitted during the ages of twenty and thirty. Nine and four-tenths per cent were admitted over the age of 30 years.

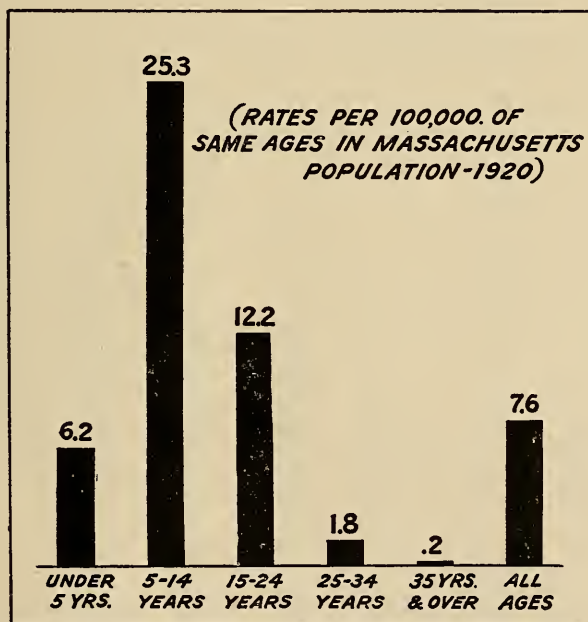
AGES OF FIRST ADMISSIONS AND READMISSIONS TO STATE SCHOOLS, 1929; RATES PER 100,000 OF STATE POPULATION. SAME AGE GROUPS.

Table 81 and Graph 10 show the rates of admission for specific age groups in terms of the same age groups in the general population, 1920 census. It presents a fairly accurate picture of the ages at which the urgency for admission to State Schools is the greatest.

TABLE 81. — *Age of First Admissions and Readmissions to State Schools, 1929; Rates per 100,000 of Same Ages in Massachusetts Population, 1920.*¹

AGE GROUPS.	TOTAL.		FIRST ADMISSIONS.		READMISSIONS.	
	NUM-BER.	RATES.	NUM-BER.	RATES.	NUM-BER.	RATES.
Under 5 years	24	6.2	24	6.2	—	—
5-14 years	175	25.3	167	24.1	8	1.5
15-24 years	77	12.2	68	10.8	9	1.4
25-34 years	12	1.8	9	1.4	3	.4
35 years and over	3	.2	2	.1	1	.06
Total	291	7.6	270	7.0	21	.5

¹Includes mentally defective first admissions and readmissions only. (f. Q. .74 or less).



GRAPH 10. — AGES OF ADMISSIONS TO STATE SCHOOLS, 1929. RATES PER 100,000 OF SAME AGES IN MASSACHUSETTS POPULATION, 1920.

The highest rate falls in the age group 5-14 years, or 25.3 children admitted per 100,000 of the same age group in the Massachusetts population. The group 15-24 years is next with 12.2 persons, and the group under five years is third with 6.2 persons. The rate for all admissions is 7.6; for first admissions 7.0; for readmissions .5. These rates are not true measures of the incidence of mental defect but simply present the annual rate of withdrawal of mental defectives from the community within the State of Massachusetts. Admissions to State Schools are dependent on so many differing factors that these rates cannot be considered as an active measure of incidence.

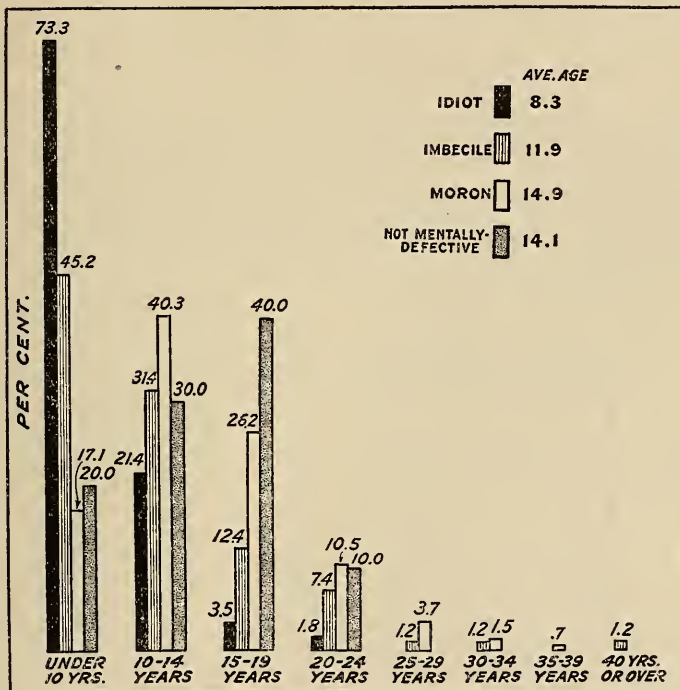
TABLE 82. — *Percentage Distribution of Ages in All First Admissions to State Schools, 1929, by Mental Status.*¹

AGE GROUPS.															
	TOTAL.			IDIOT.			IMBECILE.			MORON.			NOT MENTALLY DEFECTIVE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 10 years	45.3	26.6	37.1	78.7	63.6	73.3	58.7	28.4	45.2	21.2	12.8	17.1	14.3	—	20.0
10-14 years	38.0	28.4	33.8	18.1	27.2	21.4	28.2	34.2	31.4	53.4	25.3	40.3	14.3	—	30.0
15-19 years	12.0	24.3	17.4	3.2	4.6	3.5	8.7	17.2	12.4	18.4	34.9	26.2	43.1	66.7	40.0
20-24 years	4.0	12.5	7.8	—	4.6	1.8	4.4	11.5	7.4	5.6	15.9	10.5	28.3	33.3	10.0
25-29 years	.7	4.1	2.2	—	—	—	—	2.9	1.2	1.4	6.3	3.7	—	—	—
30-34 years	—	2.5	1.1	—	—	—	—	2.9	1.2	—	3.3	1.5	—	—	—
35-39 years	—	.8	.3	—	—	—	—	—	1.2	—	—	—	—	—	—
40 years and over	—	.8	.3	—	—	—	—	2.9	1.2	—	—	—	—	—	—
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Age	10.8	14.9	12.7	7.62	9.45	8.35	9.91	14.60	11.93	13.02	17.11	14.94	11.94	19.16	14.10

¹ Idiot I. Q. under .24; Imbecile I. Q. .25-.49; Moron I. Q. .50-.74; Not Mentally Defective I. Q. .75 or over.

AGES OF FIRST ADMISSIONS TO STATE SCHOOLS, 1929, BY MENTAL STATUS.

The percentage distribution of ages in mental groups reveals that the lower grade cases predominate in the younger age groups, (Graph 11 and Table 82). For example, in the group under 10 years of age at admission we see the following percentages: idiot, 73 per cent; imbecile, 45 per cent; moron 17 per cent; and not mentally defective, 20 per cent. The morons present the largest number in the age group 10-14 years (40.3 per cent). They also have 26.2 per cent in the age group 15-19 years and 10.5 per cent in the age group 20-24 years.



GRAPH 11. — PERCENTAGE DISTRIBUTION OF AGES IN FIRST ADMISSIONS TO STATE SCHOOLS — BY MENTAL STATUS.

We note that the idiot group has the lowest average admission age, that of 8.3 years. There is then a consistent increase in the next two groups, the average admission age for the imbecile group being 11.9 years and for moron 14.9 years. Those not mentally defective showed a slightly lower admission age, that of 14.1 years. There is a consistent sex difference in each mental grouping. That is, the females tend to be admitted at a higher average age than the males. However, we note that this sex difference becomes relatively greater as the higher mental groupings are approached. Thus the difference between the sexes in the idiot group is but 1.8 years while in the group not mentally defective it is 7.2 years.

ENVIRONMENT OF FIRST ADMISSIONS TO STATE SCHOOLS, 1929.

Table 83 shows the environment of first admissions to State Schools in comparison with those of the general population residing in urban and rural centers. The rate per 100,000 of the general population is 7.00 for all first admissions; 7.01 for urban and 6.99 for rural. The differences outlined in this table are so small as to render further discussion unjustified.

TABLE 83. — *Environment of First Admissions to State Schools, 1929, Compared with Massachusetts Population, 1920.*¹

	TOTAL.	URBAN.	RURAL.
First Admissions	270	256	14
Percentage of First Admissions	100.	94.8	5.2
Massachusetts Census, 1920 — Percentage	100.0	94.8	5.2
First Admissions rate per 100,000 ²	7.00	7.01	6.99

¹Includes mentally defective first admissions only (I. Q. .74 or less).²General population, same environment.

ECONOMIC CONDITION OF FIRST ADMISSIONS TO STATE SCHOOLS, 1929, BY MENTAL STATUS.

The largest proportion (72.5 per cent) of first admissions belong in the marginal class; 20.8 per cent are found in the dependent group; and 6.7 per cent in the comfortable class, (Table 84). The idiot group makes up the smallest proportion (7.3 per cent) of the dependent group and the largest proportion (12.7 per cent) of the comfortable group. The morons show the highest percentage (29.1) in the dependent group. It is observed that 92.7 per cent of idiots belong in either the marginal or comfortable classes, while but 70.9 per cent of the morons can be included in these two classifications.

TABLE 84. — *Percentage Distribution of Economic Condition in First Admissions to State Schools, 1929, by Mental Status.*¹

ECONOMIC CONDITION.	TOTAL.			IDIOT.			IMBECILE.			MORON.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent	15.3	27.5	20.8	12.1	—	7.3	8.7	25.7	16.1	21.1	38.1	29.1
Marginal	78.7	65.0	72.5	75.8	86.4	80.0	89.1	65.7	79.0	73.3	57.2	65.7
Comfortable	6.0	7.5	6.7	12.1	13.6	12.7	2.2	8.6	4.9	5.6	4.7	5.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

¹Includes mentally defective first admissions only. (I. Q. .74 or less). Idiot, I. Q. under .24; Imbecile, I. Q., .25-.49; Moron, I. Q., .50-.74.

This table should not be interpreted as showing the incidence of mental defect in the general population in terms of economic condition. It presents data on the economic condition of the families of certain patients who were admitted for the first time to State Schools during a single year.

AGES OF FIRST ADMISSIONS TO STATE SCHOOLS, 1929, BY NATIVITY AND PARENTAGE.

Table 85 reveals that the foreign born show a high average admission age, 21.8 years. The native-born have an average admission age of 12.4 years. However, when we consider the *parentage* of the native-born, we observe that the highest average admission age occurs in the native-born of foreign parentage, 13.7 years: 12.9 years for the males and 14.9 years for the females. The lowest average admission age occurs in the native-born of mixed parentage, or 11.7 years: 10.0 years for the males and 13.7 years for the females. The percentage distribution for these factors reflect the tendencies reviewed in the averages.

TABLE 85. — *Percentage Distribution of Ages in First Admissions to State Schools, 1929, by Nativity and Parentage.*¹

AGE GROUPS.	AGGREGATE.			NATIVE BORN.												FOREIGN BORN.		
	TOTAL.			PARENTAGE.									UNKNOWN.			M.	F.	T.
				NATIVE.			FOREIGN.			MIXED.								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
Under 5 years	11.3	5.8	8.9	16.9	4.2	11.3	1.9	5.4	3.4	16.6	9.7	13.4	—	—	—	50.0	—	14.3
5-9 years	34.0	20.8	28.2	35.6	23.4	30.2	28.8	13.5	22.5	36.2	29.1	32.8	100.0	—	100.0	50.0	20.0	28.5
10-14 years	38.0	28.4	33.8	39.0	29.8	34.9	40.4	32.4	37.1	33.3	22.6	28.5	—	—	—	—	20.0	14.3
15-19 years	12.0	24.3	17.4	6.8	23.5	14.2	19.3	35.2	25.8	11.1	12.9	11.9	—	—	—	—	—	—
20-24 years	4.0	12.5	7.8	1.7	12.8	6.6	7.7	5.4	6.7	2.8	22.5	11.9	—	—	—	—	—	—
25-29 years	.7	4.1	2.2	—	4.2	1.9	1.9	5.4	3.4	—	—	—	—	—	—	—	20.0	14.3
30-34 years	—	2.5	1.1	—	—	.9	—	2.7	1.1	—	3.2	1.5	—	—	—	—	20.0	14.3
35-39 years	—	.8	.3	—	2.1	—	—	—	—	—	—	—	—	—	—	—	—	—
40 years and over	—	.8	.3	—	—	—	—	—	—	—	—	—	—	—	—	—	20.0	14.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	—	100.0	100.0	100.0	100.0
Average Age	10.8	14.9	12.7	9.7	14.5	11.8	12.9	14.9	13.7	10.0	13.7	11.7	7.5	—	7.5	10.0	26.6	21.8

¹Includes mentally defective first admissions only (I. Q. .74 or less).

TABLE 86. — *Percentage Distribution of Ages of All Patients Discharged from State Schools, 1929, by Mental Status.*¹

AGE GROUPS.	TOTAL.			IDIOT.			IMBECILE.			MORON.			NOT MENTALLY DEFECTIVE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 10 years	6.3	2.6	4.8	22.2	—	18.3	7.2	4.3	5.9	3.4	2.6	3.1	7.7	—	4.0
10-14 years	19.0	9.3	15.0	11.1	100.0	27.1	28.5	12.5	21.1	15.3	5.1	11.1	23.1	—	12.5
15-19 years	41.1	23.6	33.5	22.2	—	18.3	32.1	20.4	27.0	46.6	20.2	36.2	46.1	46.0	46.0
20-24 years	19.1	26.3	22.0	11.1	—	9.2	17.9	25.2	21.1	20.0	28.3	23.3	23.1	27.0	25.0
25-29 years	12.7	10.5	11.3	33.4	—	27.1	14.3	16.7	15.4	11.3	10.2	11.1	—	—	—
30-34 years	1.8	13.2	6.7	—	—	—	—	8.3	3.8	3.4	12.8	7.1	—	27.0	12.5
35-39 years	—	10.5	4.5	—	—	—	—	8.3	3.8	—	15.6	6.1	—	—	—
40-44 years	—	1.4	5.5	—	—	—	—	—	—	—	2.6	1.0	—	—	—
45-49 years	—	2.6	1.7	—	—	—	—	—	—	—	2.6	1.0	—	—	—
50 years and over	—	—	—	—	—	—	—	4.3	1.9	—	—	—	—	—	—
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Age	18.3	24.3	20.7	18.1	12.5	18.0	17.6	23.5	20.3	19.0	22.7	20.5	16.2	22.9	19.4

¹Idiot, I. Q. Under 24; Imbecile, I. Q. 25-49; Moron, I. Q. 50-74; Not Mentally Defective, 75 and over.

Section H. All Discharges from State Schools for the Mentally Deficient during 1929.

The section following discusses various factors in reference to discharges from State Schools during the year 1929.

AGE AND MENTAL STATUS OF PATIENTS DISCHARGED FROM STATE SCHOOLS, 1929.

The largest numbers of patients discharged during 1929 fell in the age group 15-19 years, (33.5 per cent) (Table 86). Twenty-two per cent were discharged between the ages of twenty and twenty-four years, and 15.0 per cent between the ages of ten and fourteen years. We observe that a total of 70.5 per cent of cases were discharged between the ages of ten and twenty-four years. We observe that the higher mental classifications are discharged at higher ages. Eighteen and three tenths per cent of idiots were discharged under the age of 10 years while but 5.9 per cent of imbeciles and 3.1 per cent of morons were discharged in this age grouping.

The average age of all patients discharged from State Schools is 20.7 years; 18.3 years for males and 24.3 years for females. The idiots show the lowest average age at discharge, that of 18.0 years; 18.1 years for males and 12.5 years for the females. The morons show the highest average age at discharge, that of 20.5 years; 19.0 years for males and 22.7 years for females.

ALL DISCHARGES FROM STATE SCHOOLS, 1929; RATES PER 1,000 CASES UNDER TREATMENT.

During 1929, 186 patients were discharged from the three State Schools for the mentally defective (Table 87). Of these 110 or 59.2 per cent were males and 76 or 40.8 per cent were females. Twenty-two were discharged from the Belchertown State School; 40.8 per cent were males and 59.2 per cent were females. One hundred and one were discharged from the Walter E. Fernald State School; 67.3 per cent were males and 32.7 per cent were females. Sixty-three were discharged from the Wrentham State School; 52.4 per cent were males, and 47.6 per cent were females.

TABLE 87. — *Number of Discharges from State Schools, 1929, by School and Sex;¹ Rates per 1,000 of Cases Under Treatment.²*

STATE SCHOOLS.	NUMBER UNDER TREATMENT.			NUMBER OF DISCHARGES.			PER CENT.			RATES.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown . . .	414	482	896	9	13	22	40.8	59.2	100.0	21.0	26.0	24.0
Walter E. Fernald . . .	1,111	695	1,806	68	33	101	67.3	32.7	100.0	61.0	47.0	55.0
Wrentham . . .	601	884	1,485	33	30	63	52.4	47.6	100.0	54.0	33.0	42.0
Total . . .	2,126	2,061	4,187	110	76	186	59.2	40.8	100.0	51.0	37.0	44.0

¹Includes all discharges irrespective of I. Q.

²Cases under treatment are obtained by adding Resident Population on September 30, 1929, Discharges during the year 1929, and the number of Patients Dying during the year 1929.

The rate of discharge per 1,000 of cases under treatment for all schools was 44; 51. for the males and 37. for the females. The Walter E. Fernald State School shows the highest discharge rate with 55. patients discharged per 1,000 cases under treatment. Wrentham is second with 42. and Belchertown is the lowest with 24. Belchertown was the only School showing a higher rate of discharge for females; males 21. as compared with females 26. In both Walter E. Fernald and Wrentham, the discharge rate for males was decidedly higher than that for females.

MENTAL STATUS OF PATIENTS DISCHARGED FROM STATE SCHOOLS, 1929; RATES PER 100 FIRST ADMISSIONS OF SAME MENTAL STATUS.

Of the 186 discharges from the three State Schools in 1929, 11 or 5.9 per cent were idiots; 52 or 28.1 per cent were imbeciles; and 99 or 53.1 per cent were morons. Twenty-four or 12.9 per cent were classified as not mentally defective. We note that 66 per cent of discharges were morons or higher, while but 51 per cent of all admissions came in these groups.

TABLE 88. — *Mental Status of Patients Discharged from State Schools, 1929; Rates per 100 First Admissions of same Mental Status.*¹

MENTAL STATUS.	FIRST ADMISSIONS.			DISCHARGES.						Rates per 100 First Admissions Same Mental Status.		
				MALES.		FEMALES.		TOTAL.				
	M.	F.	T.	Num- ber.	Per cent.	Num- ber.	Per cent.	Num- ber	Per cent.	M.	F.	T.
Idiot	33	22	55	9	8.3	2	2.6	11	5.9	27.3	9.1	20.0
Imbecile	46	35	81	28	25.3	24	31.5	52	28.1	61.0	68.6	64.4
Moron	71	63	134	60	54.6	39	51.5	99	53.1	84.6	62.0	73.9
Not mentally defective	7	3	10	13	11.8	11	14.4	24	12.91	185.7	367.0	240.0
Total	157	123	280	110	100.0	76	100.0	186	100.0	70.0	61.8	66.5

¹Idiot, I. Q. under .24; Imbecile, I. Q. .25-.49; Moron, I. Q. .50-.74; Not Mentally Defective, I. Q. .75 and over.



GRAPH 12. — MENTAL STATUS OF DISCHARGES FROM STATE SCHOOLS, 1929; RATES PER 100 ADMISSIONS OF SAME MENTAL STATUS.

A fairly satisfactory comparison between the rate of discharges in the various mental groups is obtained in the number of discharges per 100 first admissions of the same mental status. Table 88 and Graph 12 show the discharge rates for 1929. For all mental classes and both sexes, the rate of discharge is 66.5 cases for each 100 first admissions. The rate for males is 70.0, being higher than that of females, 61.8. The highest rate is noted in females not mentally defective, 367 discharges per 100 first admissions of the same mental status; the lowest rate, in female idiots, 9.1. The rates for males are higher in the idiot and moron groups, while the rates for females are higher in the imbecile and not mentally defective groups.

AVERAGE TIME IN INSTITUTIONS DURING PRESENT ADMISSION OF PATIENTS
DISCHARGED DURING 1929, BY MENTAL STATUS.

Table 89 gives the average time on the books of institutions, the average time spent out on visit and the net time within the institutions for all cases discharged from the State Schools during 1929, by mental status and sex. The average time which these discharged cases spent on the books of State Schools was 6.76 years; 6.02 years for males and 7.81 years for females. An average of 1.78 years was spent out of the institution on visit or parole; 1.85 years for males and 1.68 years for females. The average net time spent within the institutions was 4.98 years; 4.18 years for males and 6.13 years for females.

TABLE 89. — *Average Net Time in Years within State Schools and Mental Status of All Patients Discharged in 1929.*¹

MENTAL STATUS.	TOTAL DISCHARGES.			AVERAGE IN YEARS.								
				AVERAGE TIME ON BOOKS.			AVERAGE TIME SPENT OUT. ²			NET TIME WITHIN SCHOOLS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	9	2	11	8.59	3.00	7.57	1.22	.85	1.15	7.37	2.15	6.42
Imbecile	28	24	52	5.11	9.13	6.97	1.47	1.35	1.42	3.64	7.78	5.55
Moron	60	39	99	6.53	7.52	6.92	2.24	1.69	2.02	4.29	5.83	4.90
Not mentally defective	13	11	24	3.86	6.87	5.24	1.28	2.51	1.85	2.58	4.36	3.39
Total	110	76	186	6.02	7.81	6.76	1.85	1.68	1.78	4.18	6.13	4.98

¹Idiot, I. Q. under .24; Imbecile, I. Q. .25-.49; Moron, I. Q. .50-.74; Not Mentally Defective, I. Q. .75 and over.

²While the "time spent out" was necessarily derived from patients who had been out on visit, the average time out was based on the figures for the total number of cases discharged. They constitute, therefore, the average time out of all discharges and not the average time out for only those cases who had been out on visit.

The idiots showed the longest net average time within the institution, or 6.42 years. Next in order are the imbecile group with 5.55 years, morons 4.90 years and the not mentally defective group, 3.39 years. We observe the relative decrease in length of school stay in the groups of higher intelligence. The idiot males remained longer than the idiot females. In all other groups, however, the females show a longer average stay within institutions. It is interesting to compare the average length of hospital stay of patients with mental diseases discharged during the same year. We found in Table 49 that the average length of hospital stay for mental patients was 1.00 years. On the average, cases of mental deficiency remained five times as long in State Schools as mental cases remained in mental hospitals.

AVERAGE TIME WITHIN STATE SCHOOLS, ALL PATIENTS DISCHARGED, 1929.

Table 90 gives the average net time which all patients discharged during 1929 spent in particular schools. Belchertown presented the shortest average length of stay with 2.52 years. There was a marked sex difference, the females remaining

1.88 years longer than the males, or an average stay of 3.29 years as compared with 1.41 years. The Walter E. Fernald State School revealed the longest average hospital stay with 5.32 years. In this institution the females remained 2.53 years longer than the males, the averages being 7.02 years for the females as compared with 4.49 years for the males. Wrentham was intermediate with an average length of school stay of 5.29 years; males 4.29 years, females 6.40 years.

TABLE 90. — *Average Net Time in Years within State Schools, All Patients Discharged, 1929, by School.*¹

STATE SCHOOLS.	NET TIME.		
	M.	F.	T.
Belchertown	1.41	3.29	2.52
Walter E. Fernald	4.49	7.02	5.32
Wrentham	4.29	6.40	5.29
Total	4.18	6.13	4.98

¹Includes all patients discharged, irrespective of mental status.

AVERAGE NUMBER OF TIMES OUT ON VISIT THIS ADMISSION, ALL PATIENTS DISCHARGED DURING 1929.

Table 91 discusses the average number of times out on visit during this admission for all patients discharged from State Schools during the year 1929 by school. The total number of discharges from all schools for the year 1929 was 186. Walter E. Fernald discharged the largest number with 101, and Belchertown State School the fewest with 22.

TABLE 91. — *Average Number of Times Out on Visit during this Admission of All Patients Discharged from State Schools, 1929, by School.*¹

STATE SCHOOLS.	NUMBER.	AVERAGE TIMES OUT.
Belchertown	22	1.68
Walter E. Fernald	101	3.45
Wrentham	63	2.17
Total	186	2.80

¹Includes all patients discharged, irrespective of mental status.

The highest average number of times out on visit occurs in the Walter E. Fernald State School discharges, an average of 3.45. Wrentham State School is next in order with an average of 2.17 visits per discharge, and Belchertown the lowest with an average of 1.68. For all schools we note that all discharges during the year 1929 averaged 2.8 visits from the schools during this particular admission.

Section J. Deaths Occurring in State Schools for the Mentally Deficient During 1929.

The following section presents data in reference to cases dying within the three State Schools during the statistical year ended September 30, 1929.

NUMBER OF DEATHS IN STATE SCHOOLS, 1929, BY SCHOOL; RATES PER 1,000 CASES UNDER TREATMENT.

A total of 60 cases died in all State Schools during 1929, 36 males and 24 females. (Table 92). Walter E. Fernald State School presented the largest number of deaths with 27. Next in order is Wrentham with 26 deaths, and lastly Belchertown with 7 deaths.

TABLE 92. — Number of Deaths at State Schools, 1929, by School; Rates Per 1,000 Cases Under Treatment.¹

STATE SCHOOLS.	NUMBER.						PER CENT.			RATES PER 1,000 UNDER TREATMENT.		
	UNDER TREATMENT.			DEATHS. ²								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown . . .	414	482	896	1	6	7	14.3	85.7	100.0	2.0	12.0	7.0
Walter E. Fernald . .	1,111	695	1,806	19	8	27	70.4	29.6	100.0	17.0	11.0	14.0
Wrentham . . .	601	884	1,485	16	10	26	61.5	38.5	100.0	26.0	11.0	17.0
Total . . .	2,126	2,061	4,187	36	24	60	60.0	40.0	100.0	16.0	11.0	14.0

¹Cases under treatment are obtained by adding Resident Population on September 30, 1929, Discharges during the year 1929, and the number of Patients Dying during the year 1929.

²Includes all deaths irrespective of I. Q.

To make these figures comparable, we have calculated the death rates per 1,000 cases under treatment during the year. The death rate per 1,000 of the resident population for all schools was 14. persons; 16. deaths per 1,000 males and 11. deaths per 1,000 females under treatment.

Wrentham presents the highest death rate with 17. deaths per 1,000 patients. Walter E. Fernald is next with 14. patients dying, and Belchertown has the lowest death rate with 7. We observe here a decidedly higher death rate for males as compared with females. The low death rate at Belchertown is expected because of the fact that this school opened in 1922, and, therefore, has had little opportunity to accumulate cases in the older or high death rate age groups.

MENTAL STATUS OF PATIENTS DYING IN STATE SCHOOLS, 1929, DEATH RATES PER 1,000 CASES UNDER TREATMENT.

A total of 60 deaths occurred during the year in State Schools (Table 93 and Graph 13). Thirty-seven were in the idiot group, eighteen in the imbecile classification, and five in the moron. There were no deaths in the group not mentally defective, although 172 of these were under treatment in State Schools.

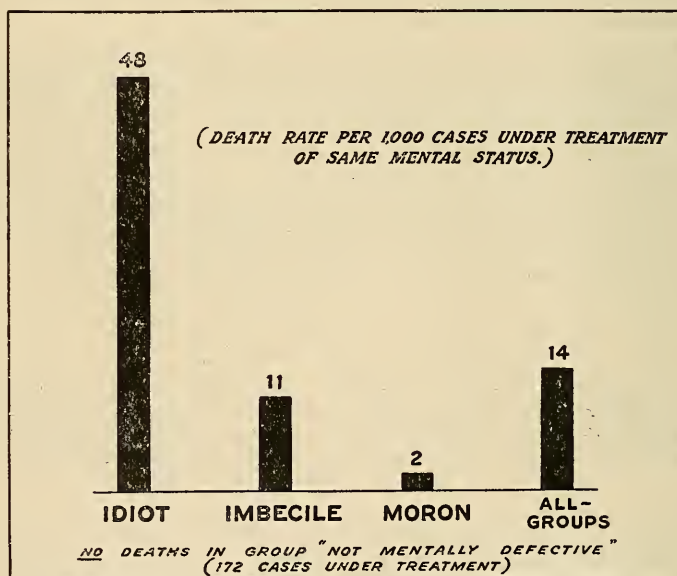
TABLE 93. — *Mental Status of Patients Dying in State Schools, 1929; Rates per 1,000 Under Treatment of Same Mental Status.*

MENTAL STATUS ¹	NUMBER.						RATES. ³		
	UNDER TREATMENT. ²			DEATHS.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	432	337	769	23	14	37	53.0	41.0	48.0
Imbecile	784	736	1,520	11	7	18	14.0	9.0	11.0
Moron	807	929	1,736	2	3	5	2.0	3.0	2.0
Not mentally defective . .	103	69	172	—	—	—	—	—	—
Total	2,126	2,061	4,187	36	24	60	16.0	11.0	14.0

¹Idiot, I. Q. under .24; Imbecile, I. Q. .25-.49; Moron, I. Q. .50-.74; Not Mentally Defective, I. Q. .75 or over.

²Cases under treatment are obtained by adding Resident Population on September 30, 1929, Discharges during the year 1929, and the number of patients Dying during the year 1929.

³No deaths in group "Not Mentally Defective".



GRAPH 13. — PATIENTS DYING IN STATE SCHOOLS, 1929. RATES PER 1,000 CASES UNDER TREATMENT, OF SAME MENTAL STATUS.

During the year 1929, we observe that 14. patients died per 1,000 cases under treatment. The death rate was highest in the idiot group, 48. The imbecile group presented the intermediate figure of 11., and the moron group presented the lowest death rate per 1,000 morons under care, that of 2. Thus we observe that the death rate among the imbeciles is five times that of the morons and that the death rate among the idiots is twenty-four times that of the moron classification. Sex differences are observed in that the death rates for the idiot and imbecile males are consistently higher than those of the females. However, in the moron group, the females presented the highest death rate. Comparing the total death rate of 14. persons per 1,000 of the resident population with the death rate of 70. per 1,000 cases under treatment in hospitals for mental diseases, we note that the death rate in mental hospitals is approximately five times as high as that observed in the State Schools.

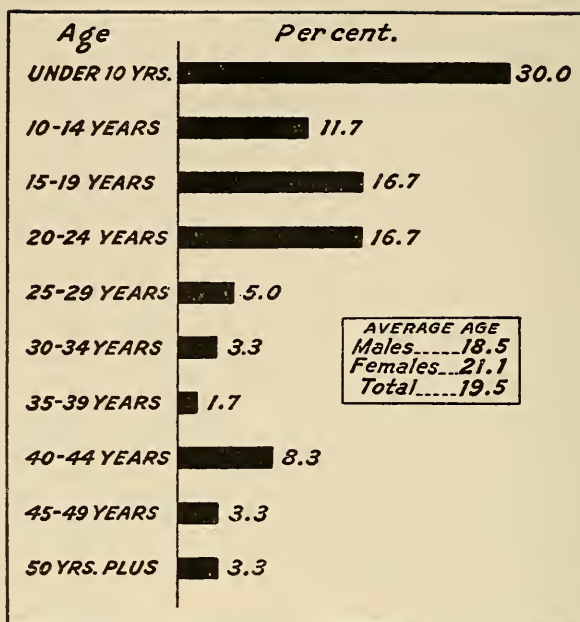
AGE OF PATIENTS DYING IN STATE SCHOOLS, 1929, BY MENTAL STATUS.

The average age of patients who died in State Schools in 1929 was 19.5 years: 18.5 years for males and 21.1 years for females (Table 94). The average age for idiots was 16.0 years: males, 15.0 years, and females, 17.6 years. For imbeciles the average age was 26.0 years: males, 28.0 years and females, 24.0 years. For morons the average age was 23.5 years: 15.0 years for males and 29.1 years for females. The lowest average age at death occurs in the idiots, 16.0 years, and the highest average age among the imbeciles, 26.0 years. No patients classified as not mentally defective died during the year (172 under treatment). Graph 14 outlines the percentage distribution of deaths by age groups. We observe that 30 per cent of all deaths occurred under the age of ten years while but 4.8 per cent of discharges left the school at these ages, (Table 86).

TABLE 94. — *Percentage Distribution of Ages in All Patients who Died in State Schools, 1929, by Mental Status.*¹

AGE GROUPS.	TOTAL.			IDIOT.			IMBECILE.			MORON.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years . . .	16.7	8.3	13.3	17.4	14.3	16.2	18.2	—	11.1	—	—	—
5-9 years . . .	16.7	16.7	16.7	26.1	28.5	27.1	—	—	—	—	—	—
10-14 years . . .	16.7	4.2	11.7	13.0	—	8.1	18.2	14.3	16.6	50.0	—	20.0
15-19 years . . .	11.1	25.0	16.7	13.0	21.3	16.2	—	42.8	16.6	50.0	—	20.0
20-24 years . . .	16.7	16.7	16.7	21.7	14.3	18.9	9.1	14.3	11.1	—	33.3	20.0
25-29 years . . .	—	12.4	5.0	—	7.2	2.7	—	14.3	5.6	—	33.3	20.0
30-34 years . . .	2.7	4.2	3.3	—	7.2	2.7	9.1	—	5.6	—	—	—
35-39 years . . .	—	4.2	1.7	—	—	—	—	—	—	—	33.3	20.0
40-44 years . . .	13.9	—	8.3	8.8	—	5.4	27.2	—	16.6	—	—	—
45-49 years . . .	5.5	—	3.3	—	—	—	18.2	—	11.1	—	—	—
50 years and over . .	—	8.3	3.3	—	7.2	2.7	—	14.3	5.6	—	—	—
Total . . .	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Age . . .	18.5	21.1	19.5	15.0	17.6	16.0	28.0	24.0	26.0	15.0	29.1	23.5

¹Idiot, I. Q. under .24; Imbecile, I. Q. .25-.49; Moron, I. Q. .50-.74. No patients in class "Not Mentally Defective" died during the year (I. Q. .75 and over).



GRAPH 14. — MENTAL DEFECTIVES DYING IN STATE SCHOOLS DURING 1929, BY AGES; PERCENTAGE DISTRIBUTION.

DURATION OF RESIDENCE IN STATE SCHOOLS OF ALL PATIENTS DYING, 1929.

The average length of school residence during all admissions of patients dying during 1929 is 10.0 years: 9.7 years for males and 10.6 years for females (Table 95). The longest period of residence is observed among the imbeciles, 16.0 years: 17.0 years for males and 14.4 years for females. The idiots remained the next longest period 7.6 years: 6.5 years for males and 9.3 years for females. The morons remained the shortest time, 5.7 years: 4.5 years for males and 6.5 years for females

TABLE 95. — *Percentage Distribution of Length of Time in Residence during All Admissions of All Patients Dying in State Schools, 1929, by Mental Status.*¹

DURATION OF SCHOOL RESIDENCE.	TOTAL.			IDIOT.			IMBECILE.			MORON.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 year . . .	13.9	12.5	13.3	13.0	21.5	16.2	18.2	—	11.1	—	—	—
1 year . . .	11.1	4.2	8.3	13.0	7.1	10.8	9.1	—	5.6	—	—	—
2 years . . .	8.3	8.3	8.3	13.0	14.3	13.5	—	—	—	—	—	—
3 years . . .	13.9	8.3	11.8	17.5	—	10.8	9.1	28.6	16.6	—	—	—
4 years . . .	11.1	8.3	10.0	8.7	7.1	8.1	—	—	—	100.0	33.3	60.0
5-9 years . . .	5.6	16.8	10.0	8.7	14.3	10.8	—	14.3	5.6	—	33.3	20.0
10-14 years . . .	8.3	20.8	13.3	8.7	14.3	10.8	9.1	28.5	16.6	—	33.3	20.0
15-19 years . . .	11.1	4.2	8.3	13.0	7.1	10.8	9.1	—	5.6	—	—	—
20-24 years . . .	5.6	8.3	6.7	4.4	7.1	5.5	9.1	14.3	11.1	—	—	—
25-29 years . . .	2.8	—	1.7	—	—	—	9.1	—	5.6	—	—	—
30-34 years . . .	5.6	—	3.3	—	—	—	18.2	—	11.1	—	—	—
35-39 years . . .	2.8	8.3	5.0	—	7.1	2.7	9.1	14.3	11.1	—	—	—
40 years and over . . .	—	—	—	—	—	—	—	—	—	—	—	—
Total . . .	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average residence in years . . .	9.7	10.6	10.0	6.5	9.3	7.6	17.0	14.4	16.0	4.5	6.5	5.7

¹Idiot, I. Q. under .24; Imbecile, I. Q. .25-49; Moron, I. Q. .50-.74. No patients in class "Not Mentally Defective" died during the year (I. Q. .75 and over).

CAUSES OF DEATH OF PATIENTS DYING IN STATE SCHOOLS DURING 1929.

Table 96 gives the percentage distribution of all causes of death of patients who died at State Schools in 1929, by mental status. Causes of death showing the highest proportions are tuberculosis of the respiratory system, 18.4 per cent; broncho pneumonia, 16.6 per cent; epilepsy, 10 per cent; influenza, 10 per cent; and lobar pneumonia, 8.3 percent. In considering the individual mental status, we observe that the more prevalent causes of death in the idiot group are broncho-pneumonia, 24.4 per cent; influenza, 13.5 per cent; tuberculosis of the respiratory system, 13.5 per cent; and epilepsy, 13.5 per cent. The imbecile group presents the following causes of death as most important: tuberculosis of the respiratory system, 33.4 per cent; nephritis, 16.8 per cent; and lobar pneumonia, 11.3 per cent. Very few cases died in the moron group, and so discussion of causes of death of this group is not justified.

TABLE 96. — *Percentage Distribution of Causes of Death, and Mental Status of All Patients who Died in State Schools During 1929.*¹

CAUSES OF DEATH.	TOTAL.	IDIOT.	IMBECILE.	MORON.
Epidemic, endemic and infectious diseases:				
Influenza	10.0	13.5	—	20.0
Tuberculosis of respiratory system	18.4	13.5	33.4	—
Other forms of tuberculosis	5.0	5.4	5.5	—
Dysentery	1.7	2.7	—	—
General Diseases not included in Class I (above):				
Other General Diseases	5.0	5.4	—	20.0
Diseases of the Nervous System and of the Organs of Special Sense:				
Cerebral hemorrhage, apoplexy	1.7	2.7	—	—
Epilepsy	10.0	13.5	5.5	—
Diseases of the Circulatory System:				
Endocarditis and myocarditis	3.3	—	5.5	20.0
Diseases of the Respiratory System:				
Bronchopneumonia	16.6	24.4	5.5	—
Lobar pneumonia	8.3	5.4	11.3	20.0
Diseases of the Digestive System:				
Diarrhea and Enteritis	1.7	—	5.5	—
Hernia and intestinal obstruction	5.0	5.4	5.5	—
Other diseases of the digestive system (cancer and T.B. excepted)	1.7	—	5.5	—
Non-venereal Diseases of the Genito-urinary system and Annexa:				
Nephritis	6.6	—	16.8	20.0
Diseases of the Bones and of the Organs of Locomotion:				
Malformations	5.0	8.1	—	—
Total all Causes	100.0	100.0	100.0	100.0

¹Idiot, I. Q. under .24; Imbecile, I. Q. .25-.49; Moron, I. Q. .50-.74.

No patients in class "Not Mentally Defective" died during the year (I. Q. .75 and over).

It appears that disorders of the respiratory system stand out as the primary cause of death in mental defectives who died during the year 1929. We observe that 43.3 per cent of all deaths were due to respiratory diseases of some type. Influenza and epilepsy, each of which caused 10 per cent of the deaths, are also outstanding.

Section K. All Cases in Residence in State Schools on September 30, 1929.

The following section is devoted to a discussion of various factors in the resident population of State Schools on September 30, 1929.

ALL PATIENTS IN RESIDENCE IN STATE SCHOOLS, 1929.

On September 30, 1929, 3,941 individuals were in residence in the three State Schools: 1,980 males and 1,961 females. Belchertown State School contributed 867, Walter E. Fernald State School 1,678, and Wrentham State School 1,396. (Table 97.)

TABLE 97. — *All Patients in Residence in State Schools, 1929, by School.*¹

STATE SCHOOL.	NUMBER. IN RESIDENCE			PER CENT.		
	M.	F.	T.	M.	F.	T.
Belchertown	404	463	867	46.6	53.4	100.0
Walter E. Fernald	1,024	654	1,678	60.9	39.1	100.0
Wrentham	552	844	1,396	39.6	60.4	100.0
Total	1,980	1,961	3,941	50.3	49.7	100.0

¹Includes all patients in residence, irrespective of mental status.

The Walter E. Fernald State School presents the larger number of males in residence: 60.9 per cent males and 39.1 per cent females. Belchertown with 46.6 per cent males and 53.4 per cent females, and Wrentham, with 39.6 per cent males, and 60.4 per cent females present larger numbers of females in residence.

AGE AT ADMISSION AND AVERAGE LENGTH OF SCHOOL STAY OF ALL PATIENTS IN RESIDENCE, 1929.

Table 98 presents material on the age at admission and average length of school stay of all cases in residence in State Schools on September 30, 1929 by sex. Of the resident population we observe that 1,241 were admitted to the State Schools between the ages of 10-14 years; 1,038 were admitted between the ages of 5-9 years; and 770 between 15-19 years. A total of 2,279, or 57 per cent of all resident population were admitted during the ages of 5 and 14 years. We note a rapid falling off in the numbers of cases admitted in the higher age groupings, very few of the resident population being admitted after the age of 30. Comparing the sexes, we note that the males are in the majority in the admission age groups, under 5 years, 5-9 years, and 10-14 years, a total of 1,456 of the resident males being admitted during those ages as compared with 980 for the females. However, in admission ages above 15 years, we find the females, predominating, or 981 cases of the resident females admitted in these age groups as compared with 524 for the males. That is, we may say that males tend to be admitted under the age of 14 years, as we observe that 73 per cent of all male admissions fall in this group. Among the females, however, we notice that the distribution of admission ages shows a more uniform spread, presenting relatively large numbers in admission age groups above 15 years. The tendency for females to predominate in the higher admission ages is reflected in the average age at admission for the two sexes. The average admission age of both sexes in residence is 14.7 years: for the females, 16.7 years and for the males 12.8 years.

TABLE 98. — *Age at Admission and Average Length of School Stay of All Patients in Residence, 1929.*¹

AGE AT ADMISSION.	NUMBER.			AVERAGE LENGTH OF SCHOOL STAY IN YEARS.		
	M.	F.	T.	M.	F.	T.
Under 5 years	101	56	157	7.79	7.62	7.73
5-9 years	669	369	1,038	8.66	10.02	9.14
10-14 years	686	555	1,241	8.93	8.59	8.78
15-19 years	321	449	770	9.26	8.73	8.95
20-24 years	91	248	339	8.96	9.21	9.14
25-29 years	54	118	172	8.03	8.61	8.43
30-34 years	18	79	97	9.61	7.80	8.14
35-39 years	20	46	66	7.30	7.15	7.19
40-44 years	9	19	28	6.38	9.04	8.19
45-49 years	6	9	15	5.66	8.50	7.36
50-54 years	2	8	10	2.00	7.62	6.50
55-59 years	3	4	7	3.83	5.75	4.92
60 years and over	—	1	1	—	7.50	7.50
Total	1,980	1,961	3,941			
Average	12.8	16.7	14.7	8.77	8.87	8.82

¹Includes all patients in residence, irrespective of mental status.

In turning to the second section of this table, we note that children admitted between 5 and 9 years have remained the longest average time, that of 9.14 years. It appears that cases admitted in the age groups 10-14 years, 15-19 years, and 20-24 years have also relatively long average periods of residence. There is a slight decrease in school stay of cases admitted after the age of 24 years. The shortest average length of residence occurs in the group admitted between the ages of 50 and 59 years, an average of 4.92 years. The sex differences for the various ad-

mission ages are not consistent. For all age groups combined, we notice that the average length of school stay of the resident population is 8.82 years. The females average a stay which is 1/10 of a year longer than that of the males, 8.87 years as compared with 8.77 years.

ADMISSION AGE OF PATIENTS RESIDENT IN STATE SCHOOLS, 1929, BY NATIVITY
AND PARENTAGE.

The average admission age for all groups is 14.7 years: 12.8 years for males and 16.7 years for females (Table 99). The native-born of the resident population were admitted at ages approximately five years younger than the foreign born, or 14.5 years for native-born compared with 19.9 years for foreign born. However, the numbers of foreign born in our State Schools are so small that a comparison of the figures based on parentage of the native-born is probably a better criterion. The native-born of foreign parentage in the resident population were admitted at an average age of 13.4 years: 12.2 years for males and 14.7 years for females. The native-born of native parentage were admitted at an average age of 14.7 years: 12.6 years for males and 17.0 years for females. We noted previously that as a group, the native-born were admitted at younger ages than the foreign born. Within the native-born group itself, however, we note that the native-born of foreign born parentage tend to be admitted at younger ages than the native-born of native parentage.

TABLE 99. — *Admission Age of All Patients in Residence, 1929, by Nativity and Parentage; Percentage Distribution.*¹

AGE AT ADMISSION.	AGGREGATE.			NATIVE BORN.								
	TOTAL			PARENTAGE.			FOREIGN.					
				M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years.	5.1	2.9	3.9	5.3	3.0	4.2	5.4	3.6	4.6	4.4	3.2	3.8
5-9 years.	33.8	18.8	26.3	34.4	19.8	27.0	35.8	17.6	27.4	35.8	24.3	30.1
10-14 years.	34.6	28.3	31.6	34.4	28.8	31.6	33.0	28.1	30.7	37.5	33.1	35.2
15-19 years.	16.2	22.9	19.5	15.9	22.9	19.4	15.3	23.4	19.0	14.7	20.1	17.4
20-24 years.	4.6	12.7	8.6	4.6	12.5	8.4	4.9	10.9	7.7	4.9	9.3	6.6
25-29 years.	2.7	6.0	4.4	2.6	5.5	4.1	2.2	5.7	3.8	1.9	5.3	3.7
30-34 years.	.9	4.0	2.5	.8	3.8	2.3	1.0	5.1	2.9	.4	3.5	1.7
35-39 years.	1.1	2.3	1.7	1.1	1.9	1.5	1.6	2.5	2.0	.4	.5	.6
40-44 years.	.4	.9	.7	.3	.4	.7	.7	1.5	1.1	.6	.3	.3
45-49 years.	.3	.5	.4	.3	.4	.3	—	.6	.3	.4	.2	.3
50-54 years.	.1	.4	.2	.05	.3	.3	—	.5	.2	.1	—	.09
55-59 years.	.2	.2	.2	.1	.2	.2	.1	.4	.2	.1	.2	.2
60 years and over.	—	.05	.02	—	.05	.03	—	.1	.07	—	—	—
Total.	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Age.	12.8	16.7	14.7	12.7	16.3	14.5	12.6	17.0	14.7	12.2	14.7	13.4

¹Includes all patients in State Schools, irrespective of mental status.

TABLE 99. — Admission Age of All Patients in Residence, 1929, by Nativity and Parentage; Percentage Distribution,¹—Concluded.

AGE AT ADMISSION.	NATIVE BORN — Con.				FOREIGN BORN.				NATIVITY UNKNOWN.			
	PARENTAGE — Con.											
	UNKNOWN.											
	M.	F.	T.		M.	F.	T.		M.	F.	T.	
Under 5 years.	6.5	2.9	4.6		3.2	—	1.3		—	—	—	
5-9 years.	33.3	20.3	26.7		20.4	7.7	13.1		18.6	4.4	9.8	
10-14 years.	32.8	27.2	30.0		38.7	20.8	28.2		37.2	22.8	28.2	
15-19 years.	13.7	23.0	19.4		28.0	32.4	30.6		24.3	21.9	22.8	
20-24 years.	4.5	13.5	9.1		6.4	26.1	17.9		5.7	19.3	14.2	
25-29 years.	4.1	5.9	5.0		1.1	6.9	4.5		8.6	9.6	9.3	
30-34 years.	1.1	2.9	2.0		1.1	2.3	1.8		2.8	8.8	6.6	
35-39 years.	.8	2.3	1.6		—	3.1	1.8		1.4	7.9	5.4	
40-44 years.	.4	.6	.5		—	.7	.4		—	2.6	1.6	
45-49 years.	.6	.6	.6		1.1	—	.4		—	.9	.5	
50-54 years.	—	.8	.4		—	—	—		1.4	.9	1.1	
55-59 years.	.2	—	.1		—	—	—		—	.9	.5	
60 years and over.	—	—	—		—	—	—		—	—	—	
Total.	100.0	100.0	100.0		100.0	100.0	100.0		100.0	100.0	100.0	
Average Age.	12.9	16.4	14.7		13.9	18.8	16.8		16.1	22.3	19.9	
									11.5	15.6	13.0	

¹Includes all patients in State Schools, irrespective of mental status.

AVERAGE AGE AT ADMISSION AND AVERAGE PRESENT AGE OF ALL PATIENTS IN
RESIDENCE IN STATE SCHOOLS, 1929.

Table 100 shows an average admission age for all resident population of 14.7 years. The females averaged 3.8 years older than the males, or 16.6 years as compared with 12.8 years. The resident population of the Belchertown State School presented the highest average age at admission, that of 19.0 years. Walter E. Fernald State School was next in order with 13.7 years, and Wrentham State School the lowest, that of 13.3 years. The largest sex difference is observed in the Belchertown State School, the females averaging 4.3 years older than the males at admission. The smallest difference is observed in Fernald State School, the females averaging 3.6 years older than the males, or 15.9 years for the females compared with 12.3 years for the males.

TABLE 100. — *Average Age at Admission and Average Present Age of All Patients in Residence in State Schools, 1929, by School.*¹

STATE SCHOOLS.	AVERAGE AGE AT ADMISSION.			AVERAGE PRESENT AGE.		
	M.	F.	T.	M.	F.	T.
Belchertown	16.7	21.0	19.0	20.8	25.4	23.3
Walter E. Fernald	12.3	15.9	13.7	23.0	27.3	24.7
Wrentham	10.8	14.9	13.3	17.6	23.1	20.9
Total All Schools	12.8	16.6	14.7	21.1	25.0	23.0

¹Includes all patients in residence, irrespective of mental status.

The average present age of the resident population is 23.0 years: 25.0 years for the females and 21.1 years for the males. In comparing the schools, we notice that there is much less of a spread in the average present ages than there was in the average admissions ages. This is due to the fact that different age-at-admission groups have remained different lengths of time within the institution. The highest average present age of resident population is observed in the Fernald State School, 24.7 years, and the lowest at the Wrentham State School, 20.9 years.

MENTAL STATUS OF CASES IN RESIDENCE, 1929.

Table 101 presents material revealing that 18.2 per cent of the resident population of all schools belonged in the idiot group; 37.0 in the imbecile; 41.1 in the moron; and 3.7 per cent in the group not mentally defective.

TABLE 101. — *Percentage Distribution and Mental Status of All Cases in Residence in State Schools, on September 30, 1929, by School.*¹

MENTAL STATUS.	TOTAL.			BELCHERTOWN.			WALTER E. FERNALD.			WRENTHAM.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	20.2	16.4	18.2	16.8	13.4	14.9	21.9	22.2	22.0	19.4	13.5	15.9
Imbecile	37.6	35.9	37.0	35.2	34.8	34.9	38.9	40.5	39.6	36.9	33.0	34.7
Moron	37.6	44.8	41.1	42.1	46.6	44.6	35.9	35.9	35.9	37.5	50.6	45.5
Not mentally defective	4.6	2.9	3.7	5.9	5.2	5.6	3.3	1.4	2.5	6.2	2.9	3.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average I. Q.	.43	.44	.44	.45	.47	.46	.42	.40	.41	.43	.47	.45

¹Idiot, I. Q. under .24; Imbecile, I. Q. .25-.49; Moron, I. Q. .50-.74; Not Mentally Defective, I. Q. .75 and over.

Walter E. Fernald State School had the largest proportion of idiots, 22 per cent, and Belchertown the smallest, 14.9 per cent. Walter E. Fernald also presented the largest percentage of imbeciles, 39.6 per cent, and Wrentham, the smallest, 34.7 per cent. Wrentham contained the highest proportion of morons, or 45.5 per cent, and Walter E. Fernald the lowest with 35.9 per cent. Belchertown had the highest proportion of patients not mentally defective with 5.6 per cent, and Walter E. Fernald the lowest with 2.5 per cent.

In considering the average I. Q. of all patients in residence, we observe that the average for both sexes is .44; .44 for the females and .43 for the males.

The highest average intelligence quotient for both sexes is observed at Belchertown, that of .46. The lowest average intelligence quotient is seen at the Walter E. Fernald State School, that of .41. Wrentham presents the largest difference in average intelligence quotient between the sexes, the females averaging 4 points higher than the males of average intelligence quotient of .47 compared with .43.

INTELLIGENCE QUOTIENT AND AVERAGE PRESENT AGE OF ALL PATIENTS IN RESIDENCE, 1929.

The intelligence quotient distribution of the resident population is shown in Table 102. For the total we observe that 810 patients fell in the I. Q. group .50-.59, 674 are found in the I. Q. group .40-.49, and 621 patients in the group .60-.69. Important sex differences are observed. With practically an equal number of both sexes in the resident population, we note that the males are in the majority in all I. Q. groups between 10 and .39: 41.8 per cent of resident males and 34.1 per cent of resident females. The females predominate in the I. Q. groups .40-.69: 48.8 per cent of resident males as compared with 58.5 per cent of resident females. In the I. Q. groups .70 or higher, we note that the males again present the largest numbers (9.6 per cent) as compared with females (7.3 per cent).

TABLE 102. — *Intelligence Quotient and Average Present Age of All Patients in Residence in State Schools on September 30, 1929.*¹

INTELLIGENCE QUOTIENT.	NUMBER.			AVERAGE PRESENT AGE.		
	M.	F.	T.	M.	F.	T.
0-.09	82	86	168	20.0	23.2	21.6
.10-.19	210	136	346	21.0	23.5	22.0
.20-.29	233	195	428	23.5	24.2	23.8
.30-.39	302	253	555	22.5	29.1	25.5
.40-.49	318	356	674	24.1	27.7	26.0
.50-.59	364	446	810	19.9	25.6	23.0
.60-.69	277	344	621	17.3	23.1	20.5
.70-.79	157	125	282	16.3	22.0	18.8
.80-.89	32	17	49	17.1	24.2	19.6
.90 and over	5	3	8	20.5	22.5	21.2
Total	1,980	1,961	3,941	21.1	25.0	23.0

¹Includes all patients in residence, irrespective of mental status.

The average present age of the resident population is 23.0 years. The females average nearly 4 years older than the males, or 25.0 years as compared with 21.1 years.

The I. Q. group .40-.49 presents the highest present age, that of 26.0 years. The I. Q. group .70-.79 presents the lowest average present age, that of 18.8 years. There is a slight tendency for the lower I. Q. groups to present the higher average present ages. There is than a gradual rise to the I. Q. group .40-.49, then a decided decrease for the higher I. Q. groups. There is a sex difference which is worthy of mention. The highest average present age for the females is noted in the I. Q. group .40-.49, that of 27.7 years; the lowest is observed in the group .70-.79, that of 22.0 years. Among the males the highest average present age is likewise ob-

served in the group .40-.49, 24.1 years; while the lowest is observed in the group .80-.89, that of 17.1 years. That is, as we consider the average present age of the resident population of all State Schools, we note little variation in the females, whatever the mental status. However, in the males we notice a slight tendency for the higher intelligence quotient groups to present lower average ages.

PRESENT AGE OF ALL PATIENTS IN RESIDENCE, 1929.

Table 103 and Graph 15 show the present age of all patients in residence in State Schools on September 30, 1929, by sex. The age group presenting the highest number of resident cases is that of 15-19 years, with 918 cases. Next in order is the age group 20-24 years with 721 cases, and the 10-14 year group with 683 cases. We notice that the three groups, 10-14, 15-19, and 20-24 years have a total of 2,322 cases. We may say then that 59 per cent of the resident population of State Schools are between 10 and 24 years of age. The numbers decrease gradually to the oldest age group, there being six in State Schools sixty-five years or over. We note that a total of 111 patients in residence are 50 years of age or higher.

TABLE 103. — *Present Age in Resident Population of State Schools on September 30, 1929, by School; Percentage Distribution.*¹

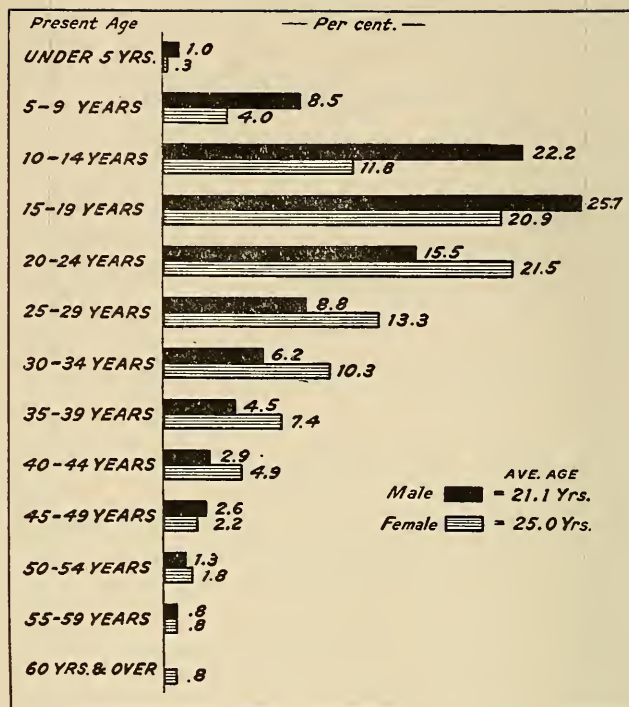
PRESENT AGE GROUPS.	ALL SCHOOLS.			BELCHERTOWN.						
	NUMBER.			PER CENT.						
	M.	F.	T.	M.	F.	T.				
Under 5 years.	20	6	26	1	—	1	.2	—	—	.2
5-9 years	168	80	248	27	10	37	6.1	2.1	4.3	
10-14 years	451	232	683	94	47	141	23.1	10.4	16.3	
15-19 years	507	411	918	114	100	214	28.1	21.1	24.7	
20-24 years	301	420	721	59	114	173	14.4	24.6	19.9	
25-29 years	173	261	434	48	69	117	11.7	15.0	13.5	
30-34 years	122	201	323	27	47	74	6.1	10.4	8.5	
35-39 years	88	141	229	14	31	45	3.1	6.7	5.3	
40-44 years	57	98	155	4	17	21	2.2	3.8	2.5	
45-49 years	50	43	93	8	10	18	1.7	2.1	2.0	
50-54 years	25	35	60	4	7	11	2.2	1.5	1.3	
55-59 years	17	16	33	3	6	9	.6	1.3	1.0	
60-64 years	1	11	12	1	4	5	.2	.8	.5	
65 years and over	—	6	6	—	1	1	—	.2	.1	
Total	1,980	1,961	3,941	404	463	867	100.0	100.0	100.0	
Average Age in Years	21.1	25.0	23.0	20.8	25.4	23.3				

¹Includes all patients in residence, irrespective of mental status.

TABLE 103. — *Present Age in Resident Population of State Schools on September 30, 1929, by School; Percentage Distribution.* 1.—Concluded.

PRESENT AGE GROUPS.	WALTER E. FERNALD.				WRENTHAM.							
	NUMBER.			PER CENT.			NUMBER.			PER CENT.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years.	3	2	5	.2	.3	.2	16	4	20	2.9	.4	1.4
5-9 years.	67	26	93	6.5	3.9	5.5	74	44	118	13.4	5.2	8.5
10-14 years.	224	75	299	21.9	11.5	17.8	133	110	243	24.1	13.1	17.4
15-19 years.	252	125	377	24.6	19.1	22.6	141	186	327	25.5	22.0	23.5
20-24 years.	141	111	252	13.8	16.8	15.0	101	195	296	18.4	23.1	21.2
25-29 years.	77	69	146	7.5	10.7	8.7	48	123	171	8.7	14.7	12.2
30-34 years.	76	67	143	7.4	10.3	8.5	19	87	106	3.4	16.4	7.6
35-39 years.	61	60	121	5.9	9.2	7.2	13	50	63	2.4	5.9	4.5
40-44 years.	50	53	103	4.9	8.1	6.2	3	28	31	.5	3.3	2.3
45-49 years.	39	26	65	3.9	3.9	3.9	3	7	10	.5	.8	.7
50-54 years.	21	22	43	2.0	3.4	2.7	—	6	6	—	.7	.4
55-59 years.	13	9	22	1.4	1.3	1.3	1	1	2	.2	.1	.1
60-64 years.	—	4	4	—	.6	.6	—	3	3	—	.3	.2
65 years and over.	—	5	5	—	.8	.2	—	—	—	—	—	—
Total	1,024	654	1,678	100.0	100.0	100.0	552	844	1,396	100.0	100.0	100.0
Average Age in Years	23.0	27.3	24.7				17.6	23.1	20.9			

1. Includes all patients in residence, irrespective of mental status.



GRAPH 15. — PERCENTAGE DISTRIBUTION OF PRESENT AGE IN RESIDENT POPULATION OF STATE SCHOOLS SEPTEMBER 30, 1929, BY SEX.

In considering the sex differences, we note that the males predominate in the younger age groups. In the age groups, under 5 years, 5-9 years, 10-14 years and 15-19 years, we observe that there is a total of 1,146 males in residence. For the same age groups, there are only 729 females in residence. However, if we take the succeeding age groups, we note that females are decidedly in the majority in the age groups 20-24 years, 25-29 years, 30-34 years, and 35-39 years. In these four age groups we note that there is a total of 634 males as compared with a total of 1,023 females. These differences are revealed somewhat in the average present age for both sexes, 23.0 years. The females average 3.9 years higher than the males, the average present age for the females being 25.0 years and for the males 21.1 years.

Walter E. Fernald State School shows the highest average age of resident population with 24.7 years: 23.0 years for males and 27.3 years for females. Wrentham shows the lowest average age, that of 20.9 years: 17.6 years for males and 23.1 years for females. These average ages are reflected in the percentage distributions which show larger numbers of males in the lower age groups. Of the total resident population, Wrentham presents 9.9 per cent under 10 years of age; Walter E. Fernald State School, 5.7 per cent and Belchertown, 4.4 per cent.

LENGTH OF SCHOOL RESIDENCE OF ALL PATIENTS IN RESIDENCE, 1929.

The average time spent within State Schools of all resident population is 8.8 years: 8.7 years for males, and 8.8 years for females (Table 104). Walter E. Fernald State School shows the longest average length of residence, 11.0 years: 10.7 years for the males and 11.4 years for the females. Belchertown State School shows the

shortest average length of residence with 4.3 years: 4.1 years for the males and 4.4 years for the females. Wrentham State School is in the intermediate position with an average length of stay of 7.6 years: 6.8 years for the males and 8.2 years for the females. The low average attained by the Belchertown State School is due partly to the fact that this institution started admitting patients comparatively recently, in 1922.

TABLE 104. — *Average Duration of School Residence of All Patients in State Schools on September 30, 1929, by School.*¹

STATE SCHOOLS.	NUMBER IN RESIDENCE			AVERAGE LENGTH OF RESIDENCE IN YEARS.		
	M.	F.	T.	M.	F.	T.
Belchertown	404	463	867	4.1	4.4	4.3
Walter E. Fernald	1,024	654	1,678	10.7	11.4	11.0
Wrentham	552	844	1,396	6.8	8.2	7.6
Total	1,980	1,961	3,941	8.7	8.8	8.8

¹Includes all patients in residence, irrespective of mental status.

LENGTH OF SCHOOL RESIDENCE AND AVERAGE AGE AT ADMISSION OF ALL CASES IN RESIDENCE, 1929.

In considering the length of time that all cases in residence have spent within the State Schools, we note that the largest number, that of 1,312, falls in the group which has remained in residence between five and nine years (Table 105). The second largest number (503) is in the 10-14 year group. The smallest number, that of 24, is observed in the patients that have remained forty years or more. Considering the difference between the sexes, we note that the males are in the majority among those patients remaining in the institution two years or less, 557 males as compared with 388 females. However, among those cases remaining between three years and nineteen years, we note that the females are in the majority, or 1,440 cases among the females as compared with 1,214 cases among the males. In the groups remaining twenty years or more, we observe that the sex trend has again shifted to the males and now the males are in the majority, or 209 cases for the males as compared with 133 cases for the females.

TABLE 105. — *Length of School Residence and Average Age at Admission of All Patients in Residence in State Schools on September 30, 1929.*¹

LENGTH OF SCHOOL RESIDENCE	NUMBER.			AVERAGE AGE AT ADMISSION		
	M.	F.	T.	M.	F.	T.
0-5 months	88	69	157	10.98	17.70	13.93
6-11 months	68	60	128	12.26	16.51	14.25
1 year	255	123	378	13.62	16.35	14.51
2 years	146	136	282	13.02	16.68	14.78
3 years	119	121	240	11.70	17.00	14.37
4 years	113	170	283	12.12	16.18	14.56
5-9 years	622	690	1,312	13.75	17.88	15.92
10-14 years	236	267	503	11.27	15.10	13.30
15-19 years	124	192	316	11.79	17.69	15.38
20-24 years	99	63	162	12.98	14.53	13.58
25-29 years	43	25	68	13.19	15.70	14.11
30-34 years	32	19	51	14.56	13.81	14.28
35-39 years	22	15	37	11.86	15.50	13.33
40 years plus	13	11	24	10.96	10.22	10.62
Total	1,980	1,961	3,941			
Average				12.81	16.73	14.76

¹Includes all patients in residence, irrespective of mental status.

The second section of this table considers the average age at admission of groups remaining within the institutions varying lengths of time. The highest average admission age, that of 15.92 years, occurs in the group which has remained between 5 and 9 years within institutions. The lowest average admission age, that of 10.62 years, is observed in the group which has remained in institutions 40 years or more. The average age at admission for all groups was 14.76 years. The females showed a slightly higher average age, that of 16.73 years, than the males, 12.81 years, average admission age. The purpose of this table was to determine whether or not there was an association between the length of hospital stay of patients remaining in State Schools and the average age at admission. In conclusion, we may say that it appears that the resident cases remaining for the shortest average time appear to be slightly younger at admission than the cases remaining for longer periods. There is a possibility that this finding may be due to an increasing tendency to admit children at younger ages. This would account for the high average admission age of children admitted to State Schools ten or fifteen years previously.

COUNTY OF RESIDENCE OF ALL ADMISSIONS, 1929, AND RESIDENT POPULATION SEPTEMBER 30, 1929; RATES PER 100,000 STATE POPULATION.

Table 106 and Graph 16 give the county of residence for all admissions during 1929, and also for all cases in residence on September 30, 1929. In the first section of this table, we have calculated the number of persons admitted to the State Schools in 1929 per 100,000 population of the same county of residence. We note that Franklin and Norfolk Counties show the highest rates with nine persons admitted to State Schools during 1929 per 100,000 of the population of these counties. Next in order are Hampden with eight persons and Suffolk with seven. The rate for all counties combined is six. This rate should not be taken as typical of the incidence of mental deficiency or the rate that mental defectives are coming to the attention of the authorities. This indicates simply the number of cases that the institutions were able to admit during the statistical year.

TABLE 106. — *County of Residence of All Admissions, 1929, and Resident Population on September 30, 1929; Rates per 100,000 of State Population, Same County.*

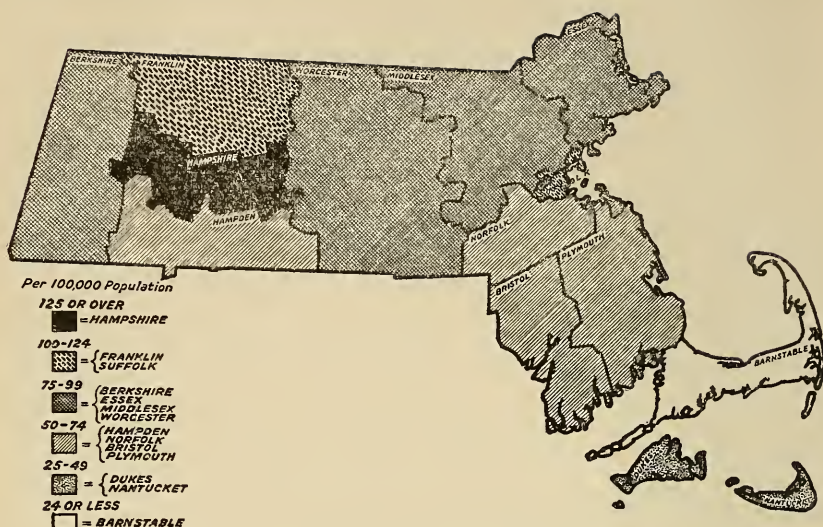
COUNTIES.	ALL MENTALLY DEFECTIVE ADMISSIONS ¹			Rates.	ALL CASES IN RESIDENCE. ²			Rates.
	M.	F.	T.		M.	F.	T.	
Barnstable	—	—	—	—	16	30	46	14.
Berkshire	3	4	7	5.	50	64	114	89.
Bristol	16	10	26	6.	154	134	288	70.
Dukes	—	—	—	—	1	1	2	38.
Essex	16	10	26	5.	231	218	449	87.
Franklin	—	5	5	9.	32	30	62	123.
Hampden	17	11	28	8.	142	113	255	73.
Hampshire	1	2	3	3.	40	63	103	128.
Middlesex	40	24	64	6.	412	396	808	87.
Nantucket	—	—	—	—	—	1	1	29.
Norfolk	12	15	27	9.	113	96	209	71.
Plymouth	6	4	10	5.	52	63	115	67.
Worcester	17	11	28	5.	233	193	426	82.
Suffolk	34	31	65	7.	490	547	1,037	113.
Non-Residents	1	1	2	—	14	12	26	—
Total	163	128	291	6.	1,980	1,961	3,941	89.

¹Includes all mentally defective admissions (I. Q. .74 or less).

²Includes all patients in residence, irrespective of mental status.

The second section of this table gives the counties of residence of all cases in residence in State Schools on September 30, 1929, and also presents the rates per 100,000 of the population of these counties. The counties having the highest proportionate representation in our State Schools at the end of the statistical year were as follows: Hampshire with 128 persons in residence in State Schools per 100,000 of the population of that county. Next in order were Franklin, 123; Suffolk 113; Berkshire, 89. Counties presenting the lowest rates for patients in residence in State Schools are: Dukes, 38; Nantucket, 29; and Barnstable, 14. The total for the entire State was 89 persons in residence in State Schools per 100,000 of the estimated population of the State on July 1, 1929.

Graph 16 presents the patients resident in State Schools on September 30, 1929, outlined in rates per 100,000 of the population of the same county. This displays graphically the counties having the largest representations within our State Schools. As has been mentioned previously, Hampshire has the largest proportion of population within State Schools, and Suffolk and Franklin counties are in second position. Barnstable County apparently has the lowest relative representation.



GRAPH 16. — COUNTY OF RESIDENCE AT TIME OF ADMISSION, — PATIENTS
RESIDENT IN STATE SCHOOLS, 1929; RATES PER 100,000 POPULATION OF
SAME COUNTY.

In interpreting this information, we should recall that patients resident within all State Schools have been subject to the individual choice of the Superintendent. That is, he has made his decisions in reference to the cases to be accepted for admission from the many on the waiting list. Therefore, we might say that these rates are more representative of the acceptances of applications on the part of institutions. That is, the children within institutions are selected from the most urgent cases presented to the individual Superintendent. While the rates do not accurately represent the relative amounts of mental deficiency in the various counties, we can say that they do give us a rough estimate of the relative proportions of *urgent cases which could no longer be retained in the community with safety or comfort*. We can see that these factors alter our interpretation considerably. Thus, a boy may be harmless in a rural section of Barnstable County, and the same boy in Boston would come to the attention of the authorities and become an urgent case almost immediately. At the same time we are at a loss to explain the high rate which is in evidence in the semi-rural districts which make up Hampshire County. In comparison with the same graph on mental disease, we note that Hampshire County was in second position for the relative numbers of cases of mental disease, as well as first position in numbers of cases of mental deficiency in public institutions.

The results pictured on this graph are dependent upon a large number of factors, and, consequently, the difficulties in interpreting the findings are many.

APPENDIX

Detailed Tables

- A. Mental Diseases and Epilepsy (Tables 107-146)
- B. Mental Deficiency (Tables 147-165)

TABLE 107. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year Ended September 30, 1929.*¹

	ALL HOSPITALS.			BOSTON STATE			BOSTON PSYCHOPATHIC			DANVERS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on Books September 30, 1928	11,132	10,922	22,054	1,058	1,403	2,461	74	61	135	981	1,189	2,170
<i>Cases Admitted during Year</i>												
Regular Commitment Cases:												
First Admissions	1,585	1,482	3,067	195	230	425	63	59	122	231	221	452
Readmissions	406	337	743	27	51	78	10	7	17	63	54	117
Total Admissions ²	1,991	1,819	3,810	222	281	503	73	66	139	294	275	569
Temporary Care Cases:												
First Admissions	745	684	1,429	21	29	50	614	613	1,227	40	13	53
Readmissions	178	137	315	4	7	11	158	123	281	5	2	7
Total Admissions	923	821	1,744	25	36	61	772	736	1,508	45	15	60
Observation Cases:												
First Admissions	254	93	347	11	6	17	96	35	131	25	18	43
Readmissions	99	50	149	26	20	46	24	11	35	12	4	16
Total Admissions	353	143	496	37	26	63	120	46	166	37	22	59
Voluntary Cases:												
First Admissions	102	77	179	—	—	—	23	16	39	—	—	—
Readmissions	53	34	87	—	—	—	12	5	17	—	—	—
Total Admissions	155	111	266	—	—	—	35	21	56	—	—	—
Total cases admitted by transfer during year	198	230	428	7	18	25	1	—	1	14	14	28
Total cases admitted during the year	3,620	3,124	6,744	291	361	652	1,001	869	1,870	390	326	716
Total cases under treatment during year	14,752	14,046	28,798	1,349	1,764	3,113	1,075	930	2,005	1,371	1,515	2,886
<i>Cases Discharged during Year</i>												
Regular Commitment Cases:												
As recovered	213	149	362	39	31	70	2	6	8	1	1	2
As improved*	518	505	1,023	30	56	86	26	18	44	109	87	196
As unimproved*	177	102	279	11	13	24	1	3	4	13	8	21
As not insane	30	21	51	3	—	6	—	—	—	1	2	3
Died	870	813	1,683	137	177	314	14	9	23	125	130	255
Total Discharges ³	1,808	1,590	3,398	220	280	500	43	36	79	249	228	477

Temporary Care Cases:

As recovered	79	16	95	1	—	1	48	13	61	4	—	4
As improved*	214	195	409	4	3	7	203	187	390	1	—	1
As unimproved*	418	414	832	10	21	31	388	378	766	2	3	5
As not insane	178	168	346	3	7	10	117	145	262	31	8	39
Died	55	21	76	6	4	10	18	7	25	7	4	11
Total Discharges	944	814	1,758	24	35	59	774	730	1,504	45	15	60
Observation Cases:												
As recovered	67	15	82	10	2	12	2	1	3	15	5	20
As improved*	26	21	47	1	4	5	14	11	25	2	2	4
As unimproved*	45	20	65	2	1	3	37	14	51	—	—	—
As not insane	175	72	247	20	14	34	69	19	88	20	12	32
Died	18	13	31	—	3	3	—	—	—	1	3	4
Total Discharges	331	141	472	33	24	57	122	45	167	38	22	60
Voluntary Care Cases:												
As recovered	10	7	17	—	—	—	4	1	5	—	—	—
As improved*	35	23	58	—	—	—	6	12	18	—	—	—
As unimproved*	27	17	44	—	—	—	10	1	11	—	—	—
As not insane	45	31	76	—	—	—	13	11	24	—	—	—
Died	25	20	45	—	—	—	—	—	—	—	—	—
Total Discharges	142	98	240	—	—	—	33	25	58	—	—	—

*Excluding transfers.

¹In this and all following tables for Forms of Admission included under Regular Commitment, Temporary Care, Observation, and Voluntary Commitment see pages 106 and 107 of text.²Includes 20 males, 17 females, making a total of 37 cases admitted to Monson on Sane Dangerous 69.³Includes 14 males, 6 females, making a total of 20 cases discharged at Monson on Sane Dangerous 69.

TABLE 107.—*General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1929—Continued.*

	ALL HOSPITALS.			BOSTON STATE.			BOSTON PSYCHOPATHIC.			DANVERS.		
	M.	F.	T.	F.	F.	T.	M.	F.		M.	F.	T.
Total cases discharged by transfer during year	201	205	406	17	9	26	43	39	82	40	20	60
Total cases discharged during year	3,426	2,848	6,274	294	348	642	1,015	875	1,890	372	285	657
Patients on Books September 30, 1929:												
Regularly committed cases	10,664	10,724	21,388	1,032	1,409	2,441	37	37	74	991	1,228	2,219
Temporary care cases	17	16	33	1	1	2	14	15	29	1	—	1
Observation cases	215	26	241	22	6	28	5	2	7	7	2	9
Voluntary cases	430	432	862	—	—	—	4	1	5	—	—	—
Total on Books	11,326	11,198	22,524	1,055	1,416	2,471	60	55	115	999	1,230	2,229
Total number of patients actually in hospitals September 30, 1929	10,368	10,126	20,494	994	1,285	2,279	44	33	77	880	1,071	1,951
<i>Averages.</i>												
Daily average population (including patients on escape, on visit, and in family care)	11,061.99	10,903.76	21,765.75	1,038.36	1,398.38	2,436.74	63.99	60.98	124.97	844.9	1,061.7	1,906.6
Daily average population (excluding patients on escape, on visit, and in family care)	10,225.73	10,009.24	20,234.97	969.17	1,280.49	2,249.66	41.60	38.87	80.47	844.6	1,061.5	1,906.1
Rated capacity of the hospitals	9,637	8,702	18,339	801	1,096	1,897	67	59	126	749	935	1,684
Patients on visit September 30, 1928	813	818	1,631	79	105	184	26	23	49	115	100	215
Patients on visit September 30, 1929	750	913	1,663	55	123	178	16	22	39	110	142	252
Daily average number of patients on visit during year	762.73	876.22	1,638.95	64.47	109.13	173.60	22.39	22.11	44.50	116.2	126.4	242.6
Patients on escape September 30, 1928	214	43	257	4	—	4	—	—	—	11	1	12
Patients on escape September 30, 1929	185	29	214	6	1	7	—	—	—	9	1	10
Daily average number of patients on escape during year	175.15	36.36	211.51	4.72	.20	4.92	—	—	—	9.1	1.4	10.5
Patients boarded out September 30, 1928	28	109	137	—	7	7	—	—	—	1	17	18
Patients boarded out September 30, 1929	23	130	153	—	7	7	—	—	—	—	16	16
Daily average number of patients boarded out during year	26.04	125.21	151.25	—	8.56	8.56	—	—	—	.4	15.7	16.1

Ex-service men on books September 30, 1928	1,241	-	1,241	53	-	53	17	-	17	71	-	71
Ex-service men on books September 30, 1929	1,384	7	1,391	51	2	53	11	-	11	71	-	71
Daily average number on books during year	1,300.51	7.35	1,307.86	61.49	1.46	62.95	10.15	.36	10.51	63.8	-	63.8
Daily average number actually in hospital during year	1,237.77	6.36	1,244.13	48.71	1.46	50.17	5.14	.36	5.50	60.2	-	60.2
Support of Patient population (exclusive of patients on escape and on visit):												
Supported by the State	8,690	8,356	17,046	913	1,071	1,984	44	33	77	750	792	1,542
Reimbursing	782	1,770	2,552	81	214	295	-	-	-	130	279	409
Ex-service patients for whom pay is received from the Federal Government.	977	-	977	1	-	1	-	-	-	-	-	-
Non-insane patients actually in hospitals on September 30, 1928:												
Mentally defective	216	164	380	3	13	16	3	1	4	6	3	9
Epileptic	267	231	498	-	-	-	1	-	1	-	-	-
Others	47	29	76	3	2	5	3	3	6	1	1	2
Total	530	424	954	6	15	21	7	4	11	7	4	11
Non-insane patients actually in hospitals on September 30, 1929:												
Mentally Defective	191	132	323	5	11	16	1	1	2	6	3	9
Epileptic	279	262	541	-	-	-	-	-	-	-	-	-
Others	71	92	163	5	37	42	6	1	7	2	1	3
Total	541	486	1,027	10	48	58	7	2	9	8	4	12

TABLE 107.—General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1929—Continued.

	FOXBOROUGH.			GARDNER.			GRAFTON.			MEDFIELD.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on books September 30, 1928.	526	549	1,075	709	486	1,195	715	868	1,583	765	1,089	1,854
<i>Cases Admitted during Year</i>												
Regular Commitment cases:												
First admissions	81	58	139	29	44	73	11	10	21	54	50	104
Readmissions	10	17	27	10	8	18	3	1	4	21	18	39
Total Admissions	91	75	166	39	52	91	14	11	25	75	68	143
Temporary care cases:												
First admissions	9	2	11	6	6	12	2	—	2	6	2	8
Readmissions	—	—	—	3	—	3	—	—	—	1	—	1
Total Admissions	9	2	11	9	6	15	2	—	2	7	2	9
Observation cases:												
First admissions	9	1	10	4	—	4	—	—	—	3	1	4
Readmissions	2	3	5	1	—	1	—	1	1	3	—	3
Total Admissions	11	4	15	5	—	5	—	1	1	6	1	7
Voluntary cases:												
First admissions	—	1	1	4	1	5	—	—	—	—	—	—
Readmissions	1	—	1	1	—	1	—	—	—	2	—	2
Total Admissions	1	1	2	5	1	6	—	—	—	2	—	2
Total cases admitted by transfer during year	3	9	12	2	44	46	1	45	46	31	38	69
Total cases admitted during the year	115	91	206	60	103	163	17	57	74	121	109	230
Total cases under treatment during year	641	640	1,281	769	589	1,358	732	925	1,657	886	1,198	2,084
<i>Cases Discharged during Year</i>												
Regular commitment cases:												
As recovered	1	1	2	6	3	9	1	6	7	11	7	18
As improved	24	39	63	9	13	22	7	2	9	14	16	30
As unimproved	4	5	9	4	3	7	2	2	4	3	2	5
As not insane	—	—	—	1	1	2	—	—	—	—	3	3
Died	40	22	62	36	19	55	33	31	64	40	47	87
Total Discharges	69	67	136	56	39	95	43	42	85	68	75	143

Temporary care cases:											
As recovered	3	—	3	2	—	2	1	—	1	—	1
As improved	3	1	4	2	3	5	—	—	2	2	4
As unimproved	1	1	2	4	3	7	1	—	3	—	3
As not insane	2	—	2	2	—	2	—	—	1	—	1
Died	—	—	—	—	—	—	—	—	—	—	—
Total Discharges	9	2	11	10	6	16	2	—	2	7	9
Observation cases:											
As recovered	6	—	6	—	—	—	—	—	1	2	3
As improved	1	1	2	1	—	1	—	—	1	—	1
As unimproved	2	—	5	2	—	2	—	—	1	—	1
As not insane	1	3	1	1	—	1	—	1	—	—	—
Died	—	—	—	—	—	—	—	—	—	—	—
Total Discharges	10	4	14	4	—	4	—	1	1	4	6
Voluntary care cases:											
As recovered	—	—	—	2	—	2	—	—	—	—	—
As improved	2	—	2	—	—	—	—	—	—	—	—
As unimproved	1	—	1	1	—	1	—	—	—	—	—
As not insane	—	—	—	1	—	1	—	—	1	—	1
Died	—	—	—	—	—	—	—	—	—	—	—
Total Discharges	3	—	3	5	—	5	—	—	—	1	1

TABLE 107.—General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1929—Continued.

	FOXBOROUGH.			GARDNER.			CRAFTON.			MEDFIELD.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Total cases discharged by transfer during year	9	10	19	3	1	4	4	3	7	11	4	15
Total cases discharged during year	100	83	183	78	46	124	49	46	95	91	83	174
Patients on books September 30, 1929:												
Regularly committed cases	536	556	1,092	688	542	1,230	683	879	1,562	791	1,114	1,905
Temporary care cases	—	—	—	—	—	—	—	—	—	—	—	—
Observation cases	3	—	3	1	—	1	—	—	—	3	1	4
Voluntary cases	2	1	3	2	1	3	—	—	—	1	—	1
Total on books	541	557	1,098	691	543	1,234	683	879	1,562	795	1,115	1,910
Total number of patients actually in hospitals September 30, 1929	474	516	990	652	459	1,111	676	861	1,537	759	1,069	1,828
<i>Averages.</i>												
Daily average population (including patients on escape, on visit, and in family care)	531	551.67	1,082.67	701.11	511.06	1,212.17	699.14	867.97	1,567.11	787.86	1,111.65	1,899.51
Daily average population (excluding patients on escape, on visit, and in family care)	465.5	506.67	972.17	658.53	438.79	1,097.32	693.14	849.61	1,542.75	756.78	1,064.58	1,821.36
Rated capacity of the hospitals	458	447	905	674	444	1,118	591	561	1,152	637	907	1,544
Patients on visit September 30, 1928	33	49	82	22	22	44	7	9	16	14	19	33
Patients on visit September 30, 1929	32	39	71	14	34	48	6	7	13	22	24	46
Daily average number of patients on visit during year	31.5	43.	74.5	16.89	29.23	46.12	4.37	7.36	11.73	19.5	22.41	41.91
Patients on escape September 30, 1928	34	2	36	9	—	9	3	1	4	10	11	21
Patients on escape September 30, 1929	35	2	37	13	—	13	1	—	1	14	14	28
Daily average number of patients on escape during year	34.	2.	36.	9.91	—	9.91	1.63	.14	1.77	11.58	16.66	28.24
Patients boarded out September 30, 1928	—	—	—	17	28	45	—	8	8	—	10	10
Patients boarded out September 30, 1929	—	—	—	12	50	62	—	11	11	—	8	8
Daily average number of patients boarded out during year	—	—	—	15.77	43.03	58.80	—	10.86	10.86	—	—	—

Ex-service men on books September 30, 1928	22	-	22	15	-	15	-	10	-	14	-	14
Ex-service men on books September 30, 1929	27	1	28	14	-	14	-	4	-	16	-	16
Daily average number on books during year	28.5	1	29.5	13	-	13	-	5.83	-	5.83	-	5.83
Daily average number actually in hospital during year	28	1	29	11	-	11	-	5.03	-	13.75	-	13.75
Support of patient population (exclusive of patients on escape and on visit):												
Supported by the State	426	419	845	624	409	1,033	657	827	1,484	733	1,002	1,735
Reimbursing	48	97	145	28	50	78	19	34	53	26	67	93
Ex-service patients for whom pay is received from the Federal Government	2	-	2	-	-	-	-	-	-	1	-	1
Non-insane patients actually in hospitals on Sept. 30, 1928:												
Mentally defective	11	22	33	45	27	72	66	21	87	7	8	15
Epileptic	1	-	1	-	-	-	2	1	3	2	-	2
Others	4	3	7	5	-	5	-	1	1	-	-	-
Total	16	25	41	50	27	77	68	23	91	9	8	17
Non-insane patients actually in hospitals on Sept. 30, 1929:												
Mentally defective	10	22	32	48	31	79	51	19	70	-	-	-
Epileptic	1	-	1	-	-	-	14	6	20	-	-	-
Others	3	4	7	5	1	6	1	2	3	11	10	21
Total	14	26	40	53	32	85	66	27	93	11	10	21

TABLE 107.—General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1929—Continued.

	NORTHAMPTON.			TAUNTON.			WESTBOROUGH.			WORCESTER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on books September 30, 1928.	780	850	1,558	822	844	1,666	715	906	1,621	1,290	1,304	2,594
<i>Cases Admitted during Year.</i>												
Regular commitment cases:												
First admissions	214	183	397	181	169	350	137	210	347	234	178	412
Readmissions	35	51	86	40	35	75	42	47	89	41	30	71
Total Admissions	249	234	483	221	204	425	179	257	436	275	208	483
Temporary care cases:												
First Admissions	12	11	23	14	3	17	1	1	2	13	3	16
Readmissions	—	—	—	4	—	4	—	—	—	2	2	4
Total Admissions	12	11	23	18	3	21	1	1	2	15	5	20
Observation cases:												
First admissions	25	4	29	25	10	35	6	3	9	46	15	61
Readmissions	—	1	1	3	—	3	15	9	24	6	1	7
Total admissions	25	5	30	28	10	38	21	12	33	52	16	68
Voluntary Cases:												
First admissions	1	3	4	—	—	—	2	1	3	1	2	3
Readmissions	3	3	6	—	1	1	2	1	3	1	1	2
Total Admissions	4	6	10	—	1	1	4	2	6	2	3	5
Total cases admitted by transfer during year:	3	3	6	4	4	8	7	12	19	8	29	37
Total cases admitted during year	293	259	552	271	222	493	212	284	496	352	261	613
Total cases under treatment during year	1,001	1,109	2,110	1,093	1,066	2,159	927	1,190	2,117	1,642	1,565	3,207
<i>Cases Discharged during Year.</i>												
Regular commitment cases:												
As recovered	37	18	55	20	12	32	62	47	109	3	—	3
As improved	41	64	105	80	64	144	30	30	60	87	92	179
As unimproved	14	14	28	4	5	9	13	11	24	24	26	117
As not insane	5	6	11	1	1	2	—	—	—	1	3	4
Died	89	66	155	84	86	170	56	76	132	113	105	218
Total Discharges	186	168	354	189	168	357	161	164	325	295	226	521

TABLE 107.—General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1929—Continued.

	NORTHAMPTON.			TAUNTON.			WESTBOROUGH.			WORCESTER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Total cases discharged by transfer during year	14	1	15	8	45	53	4	53	57	15	9	24
Total cases discharged during year	240	191	431	248	227	475	191	231	422	380	262	642
Patients on books September 30, 1929:												
Regularly committed cases	749	915	1,664	843	834	1,677	733	955	1,688	1,246	1,295	2,541
Temporary care cases	—	—	—	—	—	—	1	—	1	—	—	—
Observation cases	8	3	11	2	5	7	1	2	3	11	5	16
Voluntary cases	4	—	4	—	—	—	1	2	3	5	3	8
Total on Books	761	918	1,679	845	839	1,684	736	959	1,695	1,262	1,303	2,565
Total number of patients actually in hospitals September 30, 1929	651	765	1,416	757	749	1,506	640	837	1,477	1,099	1,154	2,253
<i>Averages.</i>												
Daily average population (including patients on escape, on visit, and in family care)	737.37	884.13	1,621.50	845.52	858.07	1,703.59	727.06	940.46	1,667.52	1,257.58	1,280.75	2,538.33
Daily average population (excluding patients on escape, on visit, and in family care)	638.37	732.31	1,370.68	736.17	758.01	1,494.18	621.20	815.80	1,437.00	1,093.59	1,141.51	2,235.10
Rated capacity of the hospitals	701	864	1,565	599	605	1,204	566	667	1,233	1,128	1,024	2,152
Patients on visit September 30, 1928	93	142	235	93	95	188	105	91	196	133	111	244
Patients on visit September 30, 1929	95	146	241	86	85	171	82	102	184	113	133	246
Daily average number of patients on visit during year	83.26	144.46	227.72	102.09	93.42	195.51	92.86	105.55	198.41	110.58	118.91	229.49
Patients on escape September 30, 1928	12	1	13	8	1	9	4	6	10	96	18	114
Patients on escape September 30, 1929	15	—	15	2	—	2	4	4	8	49	6	55
Daily average number of patients on escape during year	15.74	.98	16.72	7.25	.82	8.07	4.12	3.48	7.60	52.41	9.08	61.49
Patients boarded out September 30, 1928	—	6	6	—	6	6	9	15	24	1	12	13
Patients boarded out September 30, 1929	—	7	7	—	5	5	10	16	26	1	10	11
Daily average number of patients boarded out during year	—	6.4	6.4	—	5.80	5.80	8.87	15.61	24.48	1.00	11.25	12.25

Ex-service men on books September 30, 1928	24	-	24	27	-	27	31	-	31	49	-	49
Ex-service men on books September 30, 1929	29	-	29	33	1	34	36	2	38	55	-	55
Daily average number on books during year	32	-	32	30.46	1.00	31.46	33.66	2.53	36.19	50.25	-	50.25
Daily average number actually in hospital during year	19.5	-	19.5	27.84	.01	27.85	29.91	2.53	32.44	45.23	-	45.23
Support of patient population (exclusive of patients on escape and on visit):												
Supported by the State	562	543	1,105	708	628	1,335	533	514	1,045	1,004	992	1,996
Reimbursing	89	222	311	49	121	170	107	323	430	95	162	257
Ex-service patients for whom pay is received from the Federal Government	-	-	-	1	-	1	2	-	2	-	-	-
Non-insane patients actually in hospitals on September 30, 1928:												
Mentally defective	20	18	38	-	3	3	-	3	3	13	27	40
Epileptic	-	-	-	-	-	-	-	-	-	-	3	3
Others	4	11	15	2	1	3	4	2	6	6	4	10
Total	24	29	53	2	4	6	4	5	9	19	34	53
Non-insane patients actually in hospitals on September 30, 1929:												
Mentally defective	24	18	42	-	2	2	-	-	-	12	25	37
Epileptic	1	-	1	-	-	-	-	-	-	-	1	1
Others	-	4	4	1	-	1	4	6	10	8	3	11
Total	25	22	47	1	2	3	4	6	10	20	29	49

<i>Cases Discharged during Year</i>														
<i>Regular commitment cases:</i>														
As recovered	5	1	6	25	14	-	14	-	2	3	-	3	3	3
As improved	2	2	4	36	6	-	6	-	3	17	-	16	16	4
As unimproved	2	1	3	12	2	-	2	-	1	2	-	4	4	3
As not insane	20	19	39	4	8	-	8	-	1	1	-	3	3	10
Died				9	41	-	41	-	22	4	-	10	10	
Total Discharges	29	23	52	86	71	-	71	-	25	27	-	36	36	36
<i>Temporary care cases:</i>														
As recovered	-	-	-	-	-	-	-	-	-	-	-	-	-	-
As improved	1	1	1	2	-	-	-	-	-	1	-	-	-	-
As unimproved	1	-	1	3	-	-	-	-	-	-	-	-	-	-
As not insane	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Died	-	-	-	3	-	-	-	-	-	-	-	1	1	1
Total Discharges	1	1	2	8	-	-	-	-	-	1	-	1	1	1
<i>Observation cases:</i>														
As recovered	-	-	-	1	1	-	1	-	-	-	-	-	-	-
As improved	-	-	-	-	-	-	-	-	-	-	-	-	-	-
As unimproved	-	-	-	-	-	-	-	-	-	-	-	-	-	-
As not insane	-	-	-	-	2	-	2	-	-	-	-	-	-	-
Died	-	-	-	-	7	-	7	-	-	-	-	-	-	-
Total Discharges	-	-	-	1	10	-	10	-	-	-	-	-	-	-
<i>Voluntary care cases:</i>														
As recovered	-	-	-	5	-	-	-	-	-	-	-	-	-	-
As improved	9	2	11	10	-	-	-	-	-	8	-	1	1	1
As unimproved	7	10	17	6	-	-	-	-	-	3	-	1	1	1
As not insane	16	16	32	6	-	-	-	-	-	4	-	-	-	-
Died	22	19	41	1	-	-	-	-	-	-	-	-	-	-
Total Discharges	54	47	101	28	-	-	-	-	-	15	-	2	2	2

TABLE 107.—General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1929—Concluded.

	MONSON.		McLEAN.		BRIDGEWATER.		TEWKSBURY.		U. S. VETERANS' HOSPITAL No. 107		U. S. VETERANS' HOSPITAL No. 95	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Total cases discharged by transfer during year	—	—	—	6	8	14	1	—	1	—	3	3
Total cases discharged during year	84	71	155	69	68	137	82	—	82	25	32	57
Patients on books Sept. 30, 1929:												
Regularly committed cases.	265	275	540	67	127	194	791	—	791	250	558	808
Temporary care cases . . .	—	—	—	—	—	—	—	—	—	—	—	—
Observation cases	—	—	—	1	—	1	151	—	151	—	—	—
Voluntary cases	396	414	810	11	10	21	—	—	—	—	4	—
Total on books	661	689	1,350	79	137	216	942	—	942	250	558	808
Total number of patients actually in hospitals Sept. 30, 1929:	596	645	1,241	74	133	207	937	—	937	239	549	788
<i>Averages.</i>												
Daily average population (including patients on escape, on visit, and in family care) .	650.49	682.40	1,332.89	85.51	136.04	221.55	936.4	—	936.4	247.8	558.5	806.3
Daily average population (excluding patients on escape, on visit, and in family care) .	588.86	633.24	1,222.10	83.72	135.26	218.98	931.4	—	931.4	240.1	552.6	792.7
Rated capacity of the hospitals	582	455	1,037	90	142	232	908	—	908	177	496	673
Patients on visit Sept. 30, 1928	51	45	96	1	2	3	5	—	5	—	5	5
Patients on visit Sept. 30, 1929	57	44	101	5	4	9	2	—	2	2	8	10
Daily average number of patients on visit during year .	55.44	49.16	104.60	1.78	.78	2.56	2	—	2	1.2	4.3	5.5

Patients on escape Sept. 30, 1928	8	-	8	-	-	3	-	3	5	2	7	3	-	3	4	-	4
Patients on escape Sept. 30, 1929	8	-	8	-	-	3	-	3	9	1	10	10	-	10	7	-	7
Daily average number of patients on escape during year	6.19	-	6.19	.005	.005	3	-	3	6.5	1.6	8.1	6.	-	6.	3.	-	3.
Patients boarded out Sept. 30, 1928	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Patients boarded out Sept. 30, 1929	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Daily average number of patients boarded out during year	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ex-service men on books Sept. 30, 1928	4	-	4	4	4	45	-	45	5	-	5	323	-	323	527	-	527
Ex-service men on books Sept. 30, 1929	11	-	11	4	4	53	-	53	3	1	4	395	-	395	571	-	571
Daily average number on books during year	10.18	-	10.18	4.04	4.04	53	-	53	3	1	4	369.9	-	369.9	517.50	-	517.50
Daily average number actually in hospital during year	8.13	-	8.13	3.81	3.81	45	-	45	3	1	4	345.5	-	345.5	538	-	538
Support of patient population (exclusive of patients on escape and on visit):																	
Supported by the State	566	591	1,155	74	133	935	-	935	235	535	770	-	-	-	-	-	-
Reimbursing	30	54	84	-	-	2	-	2	4	14	18	-	-	-	-	-	-
Ex-service patients for whom pay is received from the Federal Government	2	-	2	-	-	2	-	2	-	-	-	3.95	-	3.95	5.71	-	5.71
Non-insane patients actually in hospitals on Sept. 30, 1928:																	
Mentally defective	260	227	487	-	-	34	-	34	8	18	26	-	-	-	-	-	-
Epileptic	-	1	1	3	-	12	-	12	-	-	-	-	-	-	-	-	-
Others	-	1	1	-	3	-	-	-	-	-	-	-	-	-	-	-	-
Total	260	228	488	3	-	47	-	47	8	18	26	-	-	-	-	-	-
Non-insane patients actually in hospitals on Sept. 30, 1929:																	
Mentally defective	262	255	517	-	-	32	-	32	-	-	-	-	-	-	2	-	2
Epileptic	1	1	2	4	1	4	-	4	9	21	30	4	-	4	3	-	3
Others	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	263	256	519	4	1	37	-	37	9	21	30	4	-	4	5	-	5

TABLE 108. — *Deportation of the Insane, Mentally Defective and Epileptic from Public Institutions for the Year ended September 30, 1929.*¹

	DEPARTMENT			U. S. COMMISSION OF IMMIGRATION			TOTALS.			TOTALS.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	1928	1929	Increase	Decrease
Cases pending Nov. 30, 1928	65	9	74	34	24	58	99	33	132	173	132	—	41
Since reported	72	60	132	26	16	42	98	76	174	196	174	22	—
Total cases under consideration	137	69	206	60	40	100	197	109	306	369	306	—	63
Deported	58	40	98	27	18	45	85	58	143	154	143	—	11
Viz.: Other states	53	38	91	—	—	—	53	38	91	103	91	—	12
Other countries	5	2	7	24	18	42	29	20	49	46	49	3	—
Special cases not landed under immigration laws and deported	—	—	—	3	—	3	3	—	3	5	3	2	—
Discharged	5	2	7	5	5	10	10	7	17	13	17	4	—
Viz.: Care of friends	—	2	2	5	5	10	5	7	12	6	12	6	—
Escaped	2	—	2	—	—	—	2	—	2	7	2	—	5
Transferred to Veterans Hospitals	3	—	3	—	—	—	3	—	3	—	3	3	—
Died	3	—	3	—	2	2	3	2	5	10	5	—	5
Dropped from further consideration	37	12	49	3	2	5	40	14	54	60	54	—	6
Viz.: Rejected by Commissioner of Immigration	—	—	—	1	1	2	1	1	2	9 ²	2	—	7
Rejected by Department	37	12	49	2	1	3	39	12	52	51	52	1	—
Total cases closed	103	54	157	35	27	62	138	81	219	237	219	—	8
Cases pending Nov. 30, 1929	34	15	49	25	13	38	59	28	87	132	87	—	45
Viz.: Not in condition to deport	4	4	8	1	1	2	5	5	10	2	10	8	—
Awaiting action	29	10	39	22	8	30	51	18	69	117	69	—	48
On visit	—	—	—	1	4	5	1	4	5	6	5	—	1
On escape	1	1	2	1	—	1	2	1	3	7	3	—	4

¹Includes Mental Wards, Tewksbury, and Bridgewater State Hospital; does not include U. S. Veterans' Hospitals.

²Including one patient made reimbursing.

Note: Tables 109—146 Inclusive, Are Computed For The Statistical Year Ended September 30, 1929

TABLE 109. — *Small Private Hospitals and Schools; Number under Care.*¹

	TOTALS.			INSANE.		SANE VOLUNTARY.			INEBRIATE.		FEEBLE-MINDED.		TEMPORARY CARE.		NON-MENTAL.						
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
Bournwood, George H. Torney, M.D.	5	11	16	5	10	15	—	1	1	—	—	—	—	—	—	—					
Channing Sanitarium, Donald Gregg, M.D.	8	24	32	3	14	17	5	8	13	—	—	—	—	—	—	—					
Herbert Hall Hospital, Walter C. Haviland, M.D.	2	5	7	2	5	7	—	—	—	—	—	—	—	—	—	—					
Wiswall Sanatorium, Harry O. Spalding, M.D.	5	23	28	3	22	25	—	—	—	—	—	—	—	—	—	—					
Dr. Reeves' Nervine, Fred B. Jewett, M.D.	—	5	5	—	4	4	—	—	—	—	—	—	—	—	—	—					
Ring Sanatorium and Hospital, Inc., Arthur H. Ring, M.D.	8	35	43	3	24	27	—	1	1	—	—	—	—	—	—	—					
Dr. Mellus' Private Hospital, Edward Mellus, M.D.	1	8	9	1	6	7	—	1	1	—	—	—	—	—	—	—					
Glenside, Mabel D. Ordway, M.D.	3	31	34	2	15	17	—	—	—	—	—	—	—	—	—	—					
Knollwood, Earle E. Bessey, M.D.	1	4	5	—	1	1	1	—	—	—	—	—	—	—	—	—					
Prestwood Lodge, William J. Hammond, M.D.	4	15	19	4	10	14	—	—	—	—	—	—	—	—	—	—					
Private Hospital, Frederick L. Taylor, M.D.	4	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—					
Washington Home, Hugh Barr Gray, M.D.	9	—	9	—	—	—	—	—	—	—	—	—	—	—	—	—					
Elm Hill Private School and Home for the Feeble-minded, George A. Brown, M.D.	20	9	29	—	—	—	—	—	—	—	—	—	—	—	—	—					
Standish Manor, Miss Alice M. Meyers	—	16	16	—	—	—	—	—	—	—	20	9	29	—	—	—					
Perkins School of Adjustment, Franklin H. Perkins, M.D.	18	21	39	—	—	—	—	—	—	—	16	16	—	—	—	—					
Woodlawn Sanitarium, Evan A. Robertson, M.D.	1	7	8	—	—	—	—	4	4	—	18	21	39	—	—	—					
The Freer School, Miss Cora E. Morse	—	8	8	—	—	—	—	—	—	—	—	—	—	—	—	—					
Clarke School, Miss Edith G. Clarke	9	4	13	—	—	—	—	—	—	—	—	8	8	—	—	—					
Glenn School, Mrs. Bernice G. McPhee	3	1	4	—	—	—	—	—	—	—	9	4	13	—	—	—					
Totals	101	227	328	23	111	134	6	15	21	12	1	13	50	61	111	1	1	2	9	38	47

¹Not including McLean Hospital. Information for McLean may be found in Text Table I.

TABLE 110.—Country of Birth and Percentage of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1929, by Sex.¹

NATIVITY.	PATIENTS.			PARENTS OF MALE PATIENTS.			PARENTS OF FEMALE PATIENTS.		
	Males.	Females.	Totals.	Fathers.	Mothers.	Both.	Fathers.	Mothers.	Both.
Africa									
Austria	3	3	3	—	5	—	2	2	2
Belgium	4	4	10	8	3	5	5	4	4
Canada ²	2	—	2	3	—	3	1	—	—
Central America	142	136	278	227	215	185	190	190	149
China	1	—	1	—	—	—	—	—	—
Czechoslovakia	1	1	2	2	2	2	—	—	—
Denmark	—	—	—	—	—	—	—	—	—
England	2	—	2	—	—	—	—	—	—
Finland	44	40	84	3	3	3	1	1	1
France	14	14	28	78	73	54	77	71	55
Germany	9	14	23	16	14	14	19	20	19
Greece	6	1	7	4	7	4	4	1	1
Holland	17	14	31	32	28	26	29	26	25
Hungary	22	4	26	23	23	23	5	5	5
India	1	—	1	2	3	2	—	—	—
Ireland	2	2	4	—	—	—	2	2	2
Italy	1	—	1	—	—	—	—	—	—
Mexico	113	161	274	280	304	255	332	337	307
Norway	79	58	137	98	95	94	75	73	72
Poland	1	—	1	1	—	—	—	—	—
Portugal	3	4	7	6	6	5	4	4	3
Romania	45	41	86	57	57	54	49	48	48
Russia	18	14	32	32	26	25	17	17	17
Scotland	2	1	3	2	2	2	1	1	1
South America	46	35	81	65	63	62	44	47	44
Spain	14	22	36	24	14	13	38	35	29
Sweden	2	2	4	1	1	1	2	1	1
Switzerland	1	—	1	1	2	1	—	—	—
Turkey in Asia	16	24	40	28	27	25	36	34	33
Turkey in Europe	1	—	1	1	1	1	—	—	—
United States	2	—	2	4	4	4	—	—	—
Wales	859	1,799	2,658	446	454	377	446	464	389
West Indies ²	—	1	1	2	1	—	2	1	3
Other Countries ¹	4	4	8	2	2	2	2	3	3
Unknown	25	17	42	34	32	32	22	19	19
	9	9	18	89	104	80	63	64	53
Total	1,573	1,473	3,046	1,573	1,573	1,354	1,473	1,473	1,284

¹Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95.²Includes Newfoundland.³Except Cuba and Porto Rico.⁴Includes Europe and Asia not specified; also born at sea.

TABLE 111. — *Admission Ages of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1929, by Nativity, Parentage, Length of Residence in the United States of the Foreign Born and Sex.*¹

AGE GROUPS.	AGGREGATE.			TOTAL.			NATIVE BORN.									PARENTAGE.					
							NATIVE.			FOREIGN.			MIXED.			UNKNOWN.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
Under 15 years	7	9	16	7	9	16	3	4	7	3	3	6	1	2	3						
15-19 years	61	48	109	55	38	93	18	13	31	25	12	37	12	13	25						
20-24 years	125	93	218	102	84	186	26	26	52	47	36	83	27	17	44						
25-29 years	139	119	258	106	85	191	38	30	68	35	34	69	29	21	50						
30-34 years	118	124	242	75	72	147	20	22	42	30	30	60	17	20	37						
35-39 years	158	152	310	92	90	182	32	31	63	34	38	72	19	17	36						
40-44 years	150	132	282	76	59	135	32	32	64	24	17	41	18	7	25						
45-49 years	116	123	239	58	60	118	29	34	63	22	16	38	7	9	16						
50-54 years	140	135	275	76	74	150	28	32	60	25	23	48	21	18	39						
55-59 years	115	98	213	51	51	102	22	29	51	12	14	26	11	8	19						
60-64 years	103	81	184	59	42	101	28	17	45	17	10	27	10	13	23						
65-69 years	89	110	208	55	57	112	21	33	54	21	16	37	8	5	13						
70-74 years	81	70	151	52	50	102	27	27	54	12	12	24	6	4	10						
75-79 years	81	70	151	42	41	83	25	24	49	7	8	15	6	5	11						
80-84 years	56	49	105	27	26	53	19	16	35	2	3	5	2	2	4						
85-89 years	16	28	44	7	17	24	6	13	19		2	2	2	1	1						
90 years and over	1	8	9	—	4	4	—	3	3	—	1	1	—	—	—						
Total	1,573	1,473	3,046	940	859	1,799	374	386	760	316	275	591	194	162	356	56	36	92			

¹Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

TABLE 111. — *Admission and Ages of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1929, by Nativity, Parentage, Length of Residence in the United States of the Foreign Born and Sex.*¹ — Concluded.

AGE GROUPS.	FOREIGN BORN.												NATIVITY UNKNOWN			
	TIME IN UNITED STATES BEFORE ADMISSION.															
	UNDER 5 YEARS.			5-9 YEARS.			10-14 YEARS.			15 YEARS AND OVER.						
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.				
Under 15 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
15-19 years	6	10	16	3	2	5	3	1	4	1	1	2	3	7	10	
20-24 years	23	9	32	4	2	6	6	3	1	4	1	—	16	6	22	
25-29 years	33	34	67	2	2	4	4	3	7	10	3	2	25	23	48	
30-34 years	43	52	95	2	6	8	5	8	5	13	1	2	32	39	71	
35-39 years	66	62	128	2	1	3	3	7	4	11	5	—	52	57	109	
40-44 years	74	73	147	3	2	5	4	3	4	7	6	1	62	66	128	
45-49 years	58	63	121	2	2	4	1	2	1	2	2	—	53	61	114	
50-54 years	64	61	125	3	2	5	—	—	2	1	—	—	61	57	118	
55-59 years	64	47	111	—	—	—	—	—	1	1	1	—	63	46	109	
60-64 years	44	39	83	1	—	—	—	—	—	—	—	—	43	37	80	
65-69 years	43	53	96	1	1	2	2	—	—	—	2	—	42	52	94	
70-74 years	37	44	81	—	—	—	—	—	—	—	—	—	36	43	79	
75-79 years	39	29	68	—	—	—	—	—	—	—	—	—	39	29	68	
80-84 years	29	23	52	2	—	—	—	—	—	—	1	—	26	23	49	
85-89 years	9	11	20	—	—	—	—	—	—	—	—	—	9	11	20	
90 years and over	1	4	5	—	—	—	—	—	—	—	—	—	1	3	4	
Total	633	614	1,247	22	22	44	28	24	52	20	7	27	563	560	1,123	1

¹Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

TABLE 112. — Admission Ages of All Temporary Admissions not Followed by Court Commitment to Hospitals for Mental Diseases, 1929, by Nativity, Parentage, Length of Residence in the United States of the Foreign Born and Sex.¹

AGE GROUPS.	AGGREGATE.			TOTAL.						NATIVE BORN.						PARENTAGE.						UNKNOWN.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.		M.	F.	T.
Under 15 years	38	22	60	36	21	57	17	8	25	12	5	17	6	8	14	1	1	1	1	1	1	1	1	1	
15-19 years	100	134	234	88	118	206	29	46	75	30	38	68	26	29	55	3	5	8	3	5	8	3	5	8	
20-24 years	141	92	233	123	75	198	33	18	51	60	36	96	27	21	48	3	7	3	3	7	3	10	7		
25-29 years	131	100	231	110	70	180	33	26	59	47	29	76	23	12	35	7	3	6	3	3	6	3	6		
30-34 years	151	93	244	109	51	160	26	20	46	46	17	63	34	11	45	3	3	5	3	3	5	3	5		
35-39 years	146	139	285	78	82	160	26	28	54	28	33	61	22	18	40	2	2	4	2	2	4	2	4		
40-44 years	153	106	259	77	51	128	32	27	59	27	12	39	16	10	26	2	2	4	2	2	4	2	4		
45-49 years	117	95	212	58	42	100	27	24	51	16	8	24	14	9	23	1	1	2	1	1	2	1	2		
50-54 years	99	60	159	47	34	81	18	13	31	14	13	27	11	7	18	4	1	5	4	1	5	4			
55-59 years	83	57	140	41	28	69	25	11	36	10	3	13	10	2	12	4	2	4	4	2	4	4			
60-64 years	45	24	69	27	7	34	12	2	14	4	3	13	1	2	3	4	3	2	4	3	2	4			
65-69 years	30	18	48	14	8	22	4	5	9	3	1	4	4	3	1	4	3	2	4	3	2	4			
70-74 years	22	15	37	14	6	20	6	3	9	2	2	4	4	3	1	1	1	1	1	1	1	1			
75-79 years	13	2	15	7	1	8	4	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—			
80-84 years	3	2	5	1	2	3	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—			
85-89 years	2	4	6	2	1	3	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—			
90 years and over	2	1	3	2	1	3	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—			
Total	1,276	964	2,240	832	598	1,430	295	235	530	302	210	512	197	131	328	38	22	60	38	22	60	38			

¹Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases or transfers.

TABLE 113. — Admission Ages of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1929, by Psychoses and Sex.¹

PSYCHOSES.	TOTAL.			UNDER 15 YEARS.			15-19 YEARS.			20-24 YEARS.			25-29 YEARS.			30-34 YEARS.		
	M.	F.	T.	M. F.		T.	M. F.		T.	M. F.		T.	M. F.		T.	M. F.		T.
Traumatic	8	2	10	-	-	-	-	-	-	2	-	2	-	-	-	-	-	-
Senile	86	197	283	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With cerebral arteriosclerosis	278	212	490	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
General paralysis	189	37	226	-	-	1	-	-	1	2	-	2	9	2	11	20	5	25
With cerebral syphilis	12	5	17	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
With Huntington's chorea	3	2	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With brain tumor	2	3	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other brain or nervous diseases	36	20	56	-	-	1	-	-	2	4	4	8	1	4	4	3	2	5
With other mental diseases	213	22	235	-	-	1	-	-	1	1	1	2	10	1	11	16	1	17
Alcoholic	7	6	13	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-
Due to drugs and other exogenous toxins	3	1	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With pellagra	44	68	112	-	-	1	-	-	1	1	6	7	-	-	10	2	7	9
With other somatic diseases	134	254	388	-	-	-	-	-	9	12	18	26	44	12	29	41	13	38
Manic-depressive	31	78	109	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Involution melancholia	351	360	711	1	1	2	-	-	32	22	81	39	120	76	57	133	42	47
Dementia praecox	29	62	91	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paranoia or paranoid conditions	23	15	38	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Epileptic psychoses	11	31	42	-	-	2	-	-	2	1	2	3	2	1	3	3	4	6
Psychoneuroses and neuroses	18	15	33	-	-	2	-	-	4	3	7	9	6	2	8	2	6	8
With psychopathic personality	57	60	117	2	1	3	-	-	6	4	10	3	13	6	19	3	3	6
With mental deficiency	13	10	23	-	-	-	-	-	1	1	5	3	8	1	2	6	8	14
Undiagnosed psychoses	25	13	38	2	1	3	-	-	2	1	4	2	2	2	4	1	1	2
Without psychoses	1,573	1,473	3,046	7	9	16	61	48	109	125	93	218	139	119	258	118	124	242
Total																		

¹Does not include returns from any private hospital except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

TABLE 113. — *Admission Ages by Court Commitment to Hospitals for Mental Diseases, 1929, by Psychoses and Sex.*¹ — Continued.

PSYCHOSES.	35-39 YEARS.		40-44 YEARS.		45-49 YEARS.		50-54 YEARS.		55-59 YEARS.		60-64 YEARS.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Traumatic	1	—	—	—	1	—	—	—	1	—	1	—
Senile	—	—	—	2	—	—	1	3	—	8	—	1
With cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	10	—	—
General paralysis	31	6	33	5	21	4	32	5	20	19	6	18
With cerebral syphilis	—	2	1	2	—	—	—	37	21	39	44	23
With Huntington's chorea	—	1	—	—	—	—	—	—	4	3	9	4
With brain tumor	—	1	—	—	1	1	—	—	1	1	—	—
With other brain or nervous diseases	—	—	—	—	1	1	—	—	—	—	—	—
Alcoholic	5	1	3	—	2	1	3	7	5	3	3	—
Due to drugs and other exogenous toxins	31	3	33	4	34	3	36	5	25	2	12	1
With pellagra	2	—	1	—	2	—	1	3	1	1	1	—
With other somatic diseases	3	4	2	—	—	—	—	—	—	—	—	—
Manic-depressive	14	36	15	29	3	14	4	6	9	8	3	6
Involution melancholia.	1	2	2	12	7	20	19	26	15	23	9	17
Dementia praecox	48	67	39	40	14	29	8	18	4	15	8	16
Paranoid or paranoid conditions	1	12	4	16	6	8	12	32	5	15	1	4
Epileptic psychoses	5	2	2	3	3	1	5	6	6	4	—	7
Psychoneuroses and neuroses	1	5	3	5	3	4	1	1	—	—	—	1
With psychopathic personality	—	—	1	3	1	—	2	3	1	2	—	2
With mental deficiency.	9	10	6	9	4	9	4	4	1	—	1	1
Undiagnosed psychoses.	1	1	2	3	2	1	2	1	2	3	1	—
Without psychoses	4	—	3	3	2	2	1	—	2	—	—	—
Total	158	152	150	132	116	123	140	135	115	98	103	81
												184

¹Does not include returns from any private hospital except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

TABLE 113. — *Admission Ages of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1929, by Psychoses and Sex.*¹ — Concluded.

PSYCHOSES.	65-69 YEARS.			70-74 YEARS.			75-79 YEARS.			80 YEARS AND OVER.		
	M.		T.	M.		T.	M.		T.	M.		T.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic.	1	—	1	1	—	1	—	1	1	—	—	—
Senile.	12	32	44	17	40	57	24	44	68	24	51	75
With cerebral arteriosclerosis.	52	44	96	55	47	102	51	23	74	46	34	80
General paralysis.	7	1	8	3	—	3	—	1	1	—	—	—
With cerebral syphilis.	3	—	3	2	—	2	—	—	—	—	—	—
With Huntington's chorea.	—	—	—	—	—	—	—	—	—	—	—	—
With Huntington's chorea.	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases.	1	—	1	—	—	—	—	—	—	—	—	—
Alcoholic.	10	1	11	3	—	3	1	—	1	1	—	1
Due to drugs and other exogenous toxins.	—	—	—	—	—	—	—	—	—	—	—	—
With pellagra.	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases.	5	6	11	7	—	7	2	1	3	2	—	2
Manic-depressive.	6	9	15	1	1	2	1	—	1	—	—	—
Involution melancholia.	1	3	4	—	—	—	—	—	—	—	—	—
Dementia praecox.	—	6	6	—	1	1	1	—	1	—	—	—
Paranoia or paranoid conditions.	—	5	5	—	—	—	—	—	—	—	—	—
Epileptic psychoses.	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses and neuroses.	—	—	—	—	—	—	—	—	—	—	—	—
With psychopathic personality.	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency.	—	1	1	—	2	2	—	—	—	—	—	—
Undiagnosed psychoses.	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses.	—	1	1	—	1	1	1	—	1	—	—	—
Total.	98	110	208	89	94	183	81	70	151	73	85	158

¹Does not include returns from any private hospital except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

TABLE 114. — *Admission Ages of All Temporary Admissions not Followed by Court Commitment to Hospitals for Mental Diseases, 1929, by Psychoses and Sex.*¹

PSYCHOSES.	TOTAL.			UNDER 15 YEARS.			15-19 YEARS.		20-24 YEARS.		25-29 YEARS.		30-34 YEARS.		35-39 YEARS.	
	M.	F.	T.	M.	F.	T.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Traumatic.	10	2	12	—	—	—	—	—	—	—	1	—	3	—	1	—
Senile	7	18	25	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis.	51	36	87	—	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	57	11	68	—	1	1	—	—	2	—	—	3	6	—	11	2
With cerebral syphilis	7	4	11	—	—	—	—	—	—	—	1	—	—	—	—	13
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
With brain tumor	3	3	6	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases.	34	18	52	—	—	—	1	1	—	2	—	3	2	—	—	—
Alcoholic	199	27	226	—	—	—	2	—	7	—	15	3	31	1	3	6
Due to drugs and other exogenous toxins	14	8	22	—	—	—	—	—	—	—	2	1	2	—	29	7
With pellagra	1	1	2	—	—	—	—	—	—	—	—	—	—	—	3	36
With other somatic diseases	25	39	64	—	—	—	—	—	—	—	—	—	—	—	1	2
Manic-depressive	102	150	252	—	—	—	6	9	19	14	10	7	1	6	2	5
Involution melancholia	15	20	35	—	—	—	—	—	—	—	—	—	—	—	14	18
Dementia praecox	151	123	274	—	—	—	14	7	40	16	32	23	—	25	2	4
Paranoia or paranoid conditions	28	53	81	—	—	—	—	—	—	—	—	—	—	15	11	22
Epileptic psychoses	30	11	41	—	—	—	—	—	—	—	—	—	—	4	5	12
Psychoneuroses and neuroses.	37	30	67	—	—	—	5	1	6	—	—	—	—	5	9	17
With psychopathic personality	16	28	44	—	—	—	2	8	10	3	4	1	5	7	4	6
With mental deficiency	13	17	30	—	—	—	2	6	8	3	8	4	5	10	5	10
Undiagnosed psychoses	102	83	185	—	—	—	3	3	6	—	—	—	—	3	2	3
Without psychosis	362	248	610	—	—	—	8	7	15	8	12	5	12	11	14	18
Diagnosis deferred	12	34	46	—	—	—	48	90	138	50	43	17	41	55	39	63
Total	1,276	964	2,240	38	22	60	100	134	231	141	131	100	151	93	146	285

¹Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

TABLE 114. — *Admission Ages of All Temporary Admissions not Followed by Court Commitment to Hospitals for Mental Diseases, 1929, by Psychoses and Sex.*¹ — Concluded.

PSYCHOSES.	40-44 YEARS.			45-49 YEARS.			50-54 YEARS.			55-59 YEARS.			60-64 YEARS.			65-69 YEARS.			70 YEARS AND OVER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	2	1	3	1	—	1	—	—	—	—	2	2	—	—	1	1	1	1	1	7	10
Senile	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	10
With cerebral arteriosclerosis	1	2	3	1	3	4	1	5	6	13	10	23	1	1	5	1	5	17	17	5	22
General paralysis	7	1	8	6	3	9	10	1	11	9	—	9	—	—	—	10	7	—	1	—	—
With cerebral syphilis	1	—	1	2	2	2	1	—	1	1	1	2	—	—	1	—	—	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	1	—	—	1	—	1	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	4	1	5	5	4	9	1	2	3	4	1	5	—	—	3	1	1	2	—	1	1
Alcoholic	37	4	41	27	7	34	25	3	28	16	2	18	5	5	5	2	2	2	3	—	3
Due to drugs and other exogenous toxins	3	2	5	4	1	5	—	2	2	—	—	1	—	—	1	1	—	1	—	—	—
With pellagra	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
With other somatic diseases	5	3	8	1	5	6	2	—	2	4	3	7	5	4	9	1	—	—	3	—	3
Manic-depressive	8	20	28	7	18	25	10	9	19	11	15	26	5	4	9	2	—	2	1	—	1
Involution melancholia	3	1	4	4	4	18	3	7	10	1	2	3	1	—	—	—	—	—	1	—	1
Dementia praecox	18	20	38	6	9	15	7	6	13	1	5	6	—	—	—	—	—	—	—	—	—
Paranoia or paranoid conditions.	5	7	12	2	7	9	6	8	14	5	5	10	—	4	4	—	1	1	—	3	3
Epileptic psychoses	6	—	6	1	1	2	1	—	1	—	1	1	—	—	—	—	—	—	—	—	—
Psychoneuroses and neuroses	4	1	5	4	2	6	1	—	1	—	1	1	—	—	—	—	—	—	—	—	—
With psychopathic personality	1	4	5	1	2	3	—	2	2	1	—	1	—	—	—	—	—	—	—	—	—
With mental deficiency	3	—	3	2	2	2	—	1	1	—	—	—	1	—	—	—	—	—	—	—	—
Undiagnosed psychoses	15	9	24	9	4	13	9	9	18	6	2	8	5	1	6	2	—	2	1	—	—
Without psychoses	30	21	51	33	14	47	21	2	23	9	7	16	5	5	10	10	2	12	7	5	12
Diagnosis deterred	2	6	8	2	5	7	1	1	2	1	—	1	—	—	—	—	—	—	—	—	—
Total	153	106	259	117	95	212	99	60	159	83	57	140	45	24	69	30	18	48	42	24	66

¹Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

TABLE 115. — *Alcoholic Habits of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1929, by Psychoses and Sex.*¹

PSYCHOSES.	TOTAL.		ABSTINENT.		TEMPERATE.		INTERTEMPERATE.		UNKNOWN.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.
Traumatic	8	2	5	2	2	2	1	1	1	1	1
Senile	86	197	36	151	25	19	10	4	14	14	38
With cerebral arteriosclerosis	278	212	132	192	81	10	91	4	41	28	6
General paralysis	189	37	55	31	70	2	72	4	56	12	12
With cerebral syphilis	12	5	2	5	4	4	6	—	6	—	—
With Huntington's chorea	3	2	2	2	—	—	—	—	—	—	—
With brain tumor	2	3	1	3	—	—	—	—	—	—	—
With other brain or nervous diseases	36	20	17	17	13	1	14	5	6	1	2
Alcoholic	213	22	—	—	1	1	2	213	22	235	—
Due to drugs and other exogenous toxins	7	6	2	2	—	—	—	3	3	—	—
With pellagra	3	1	—	1	—	—	—	—	—	—	—
With other somatic diseases	44	68	19	58	12	6	18	7	9	6	8
Manic-depressive	134	254	54	206	47	33	80	23	7	10	8
Involution melancholia	31	78	17	65	13	9	22	1	6	14	9
Dementia praecox	351	360	168	302	470	113	43	156	56	1	23
Paranoia or paranoid condition	29	62	9	43	52	14	17	31	5	1	2
Epileptic psychoses	23	15	12	13	25	4	2	6	6	1	1
Psychoneuroses and neuroses	11	31	8	29	37	3	2	5	—	—	—
With psychopathic personality	18	15	11	11	22	4	3	7	—	—	—
With mental deficiency	57	60	27	46	73	17	11	28	11	2	1
Undiagnosed psychoses	13	10	3	4	7	6	4	10	4	2	3
Without psychoses	25	13	10	12	22	10	1	11	5	—	—
Total	1,573	1,473	588	1,195	1,783	439	164	603	456	58	514
										90	56
										146	

¹Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

TABLE 116. — *Race of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1929, by Psychoses and Sex.*¹

RACE.	TOTAL.	TRAUMATIC.		SENILE.		WITH CEREBRAL ARTERIO-SCLEROSIS.		GENERAL PARALYSIS.		WITH CEREBRAL SYPHILIS.		WITH HUNTINGTON'S CHOREA.		WITH BRAIN TUMOR.	
				M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	46	29	75	—	—	—	—	—	—	—	—	—	—	—	—
American Indian	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
Armenian	12	4	16	—	—	—	—	—	—	—	—	—	—	—	—
Chinese	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Dutch and Flemish	8	—	8	—	—	—	—	—	—	—	—	—	—	—	—
English	262	305	567	—	—	—	—	—	—	—	—	—	—	—	—
Finnish	15	18	33	—	—	—	—	—	—	—	—	—	—	—	—
French	138	107	245	—	—	—	—	—	—	—	—	—	—	—	—
German	38	22	60	—	—	—	—	—	—	—	—	—	—	—	—
Greek	25	5	30	—	—	—	—	—	—	—	—	—	—	—	—
Hebrew	45	49	94	—	—	—	—	—	—	—	—	—	—	—	—
Irish	336	374	710	—	—	—	—	—	—	—	—	—	—	—	—
Italian ²	97	73	170	—	—	—	—	—	—	—	—	—	—	—	—
Lithuanian	21	14	35	—	—	—	—	—	—	—	—	—	—	—	—
Magyar	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
Mexican	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Portuguese	28	18	46	—	—	—	—	—	—	—	—	—	—	—	—
Rumanian	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Scandinavian ³	35	41	76	—	—	—	—	—	—	—	—	—	—	—	—
Scotch	50	41	91	—	—	—	—	—	—	—	—	—	—	—	—
Slavonic ⁴	77	55	132	—	—	—	—	—	—	—	—	—	—	—	—
Spanish	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
Spanish American	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
Syrian	5	1	6	—	—	—	—	—	—	—	—	—	—	—	—
Turkish	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—
Other specific races	79	52	131	—	—	—	—	—	—	—	—	—	—	—	—
Race unknown	264	257	521	—	—	—	—	—	—	—	—	—	—	—	—
Mixed	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	1,573	1,473	3,046	8	2	10	86	197	283	278	212	490	189	37	226
										12	5	17	3	2	5

¹Does not include returns from any private hospital except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases or transfers.

²Includes "North" and "South."

³Norwegians, Danes and Swedes.

⁴Includes Bohemians, Bosnians, Croats, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.

TABLE 116. — *Race of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1929, by Psychoses and Sex.*¹ — Continued.

RACE.	WITH OTHER BRAIN OR NERVOUS DISEASES.		ALCOHOLIC.		DUE TO DRUGS AND OTHER EXOGENOUS TOXINS.		WITH PELLAGRA.		WITH OTHER SOMATIC DISEASES.		MANIC-DEPRESSIVE.		INVOLUTION MELANCHOLIA.		DEMENTIA PRAECOX.				
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
African (black)	2	2	4	3	—	3	—	—	—	—	3	2	5	1	2	3	7	10	17
American Indian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Armenian	1	1	2	2	—	2	—	—	—	—	1	—	1	—	—	—	2	2	4
Chinese	—	—	—	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—
Dutch and Flemish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
English	6	2	8	16	2	18	3	—	—	—	26	45	71	5	18	23	43	74	117
Finnish	—	—	—	4	2	6	—	—	—	—	—	—	—	—	—	—	—	—	—
French	3	—	3	18	1	19	—	—	—	—	10	15	25	4	4	8	29	34	63
German	1	—	1	3	—	3	—	—	—	—	2	3	5	1	1	2	5	3	8
Greek	1	1	2	—	—	—	—	—	—	—	3	2	5	—	—	—	12	1	13
Hebrew	—	—	—	—	—	—	—	—	—	—	15	18	33	2	4	6	13	8	21
Irish	1	4	5	69	11	80	—	—	—	—	26	63	89	6	20	26	68	84	152
Italian	2	1	3	13	—	13	—	—	—	—	10	17	27	—	6	6	28	20	48
Lithuanian	—	—	—	8	1	9	—	—	—	—	—	3	3	—	1	—	7	4	11
Magyar	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mexican	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Portuguese	1	1	2	3	1	4	—	—	—	—	2	2	4	—	—	—	12	11	23
Rumanian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scandinavian ³	—	—	—	4	1	5	—	—	—	—	2	10	12	2	3	5	13	10	23
Scotch	—	2	2	3	—	3	—	—	—	—	2	8	10	2	4	4	5	10	15
Slavonic	5	1	6	28	2	30	—	—	—	—	3	13	16	2	4	6	22	19	41
Spanish	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Spanish American	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—
Syrian	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2
Turkish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other specific races	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Race unknown	—	1	1	8	—	8	—	—	—	—	5	5	10	1	—	5	16	11	27
Mixed	6	4	10	26	1	27	—	—	—	—	22	45	67	2	9	11	55	49	104
Total	36	20	56	213	22	235	7	6	13	44	68	112	134	254	388	31	78	109	351
								3	1	4							360	711	

¹Does not include returns from any private hospital except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

²Includes "North" and "South."

³Norwegians, Danes and Swedes.

⁴Includes Bohemians, Bosnians, Croats, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks Slovenians.

TABLE 116. — *Race of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1929, by Psychoses and Sex.*¹ — Concluded.

RACE.	PARANOID OR PARANOID CONDITIONS.		EPILEPTIC PSYCHOSES.		PSYCHO- NEUROSES AND NEUROSES.		WITH PSYCHOPATHIC PERSONALITY.		WITH MENTAL DEFICIENCY.		UNDIAGNOSED PSYCHOSES.		WITHOUT PSYCHOSES.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black).	1	3	4	1	—	—	—	—	—	1	—	1	—	—	—
American Indian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Armenian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chinese	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Dutch and Flemish	—	9	—	—	—	6	—	—	—	—	—	—	—	—	—
English	—	—	—	—	1	5	—	8	—	10	15	25	7	2	9
Finnish	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—
French	2	1	3	—	—	5	—	—	—	4	6	10	—	—	—
German	1	3	4	1	—	—	—	3	1	4	2	—	2	1	3
Greek	1	—	1	—	—	1	—	—	—	2	—	—	—	—	—
Hebrew	2	1	3	—	—	1	—	1	—	2	—	—	—	—	—
Irish	9	20	29	4	4	8	—	1	2	12	10	22	3	2	5
Italian ²	4	5	9	2	1	3	—	1	1	2	2	4	2	1	2
Lithuanian	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—
Magyar	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mexican	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Portuguese	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
Rumania	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Scandinavian ³	—	1	1	—	—	3	—	1	—	1	1	2	—	—	—
Scotch	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
Slavonic ⁴	2	5	7	—	—	—	—	1	—	2	2	4	1	—	—
Spanish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Spanish American	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syrian	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Turkish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other specific races	1	2	3	—	—	—	—	—	—	2	—	—	—	—	—
Race unknown	4	6	10	8	4	12	2	2	3	14	13	27	9	5	14
Mixed	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total.	29	62	91	23	15	38	11	31	42	57	60	117	25	13	38

¹Does not include returns from any private hospital except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

²Includes "North" and "South."

³Norwegians, Danes and Swedes.

⁴Includes Bohemians, Bosnians, Croats, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.

TABLE 117. — *Citizenship of All Patients Admitted to Hospitals for Mental Diseases 1929, by Form of Admission and Sex, Number and Percentage Distribution.*¹

ADMISSIONS.	TOTAL.			CITIZENS BY BIRTH.			CITIZENS BY NATURALIZATION.			ALIENS.			CITIZENSHIP UNKNOWN.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
<i>Number.</i>															
First Admissions	1,573	1,473	3,046	940	859	1,799	239	214	453	299	315	614	95	85	180
Readmissions	308	329	727	271	199	470	70	48	118	52	65	117	5	17	22
Temporary Care	1,276	964	2,240	832	598	1,430	191	171	362	209	169	378	44	26	70
Voluntary Admissions	155	111	266	128	94	222	15	9	24	9	6	15	3	2	5
Total	3,402	2,877	6,279	2,171	1,750	3,921	515	442	957	569	555	1,124	147	130	277
<i>Per Cent.</i>															
First Admissions	46.2	51.1	48.5	43.3	49.1	45.8	46.4	48.4	47.3	52.5	56.7	54.6	64.6	65.3	64.9
Readmissions	11.7	11.4	11.5	12.4	11.3	11.9	13.5	10.8	12.3	9.1	11.7	10.4	3.4	13.0	7.9
Temporary Care	37.5	33.5	35.6	38.3	34.2	36.4	37.0	38.6	37.8	36.7	30.4	33.6	29.9	20.0	25.2
Voluntary Admissions	4.5	3.8	4.2	5.9	5.4	5.6	2.9	2.0	2.5	1.5	1.0	1.3	2.0	1.5	1.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

¹Does not include returns from any private hospital except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

TABLE 118. — *Marital Condition of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1929, by Psychoses and Sex.*¹

	TOTAL.		SINGLE.		MARRIED.		WIDOWED.		SEPARATED.		DIVORCED.		UNKNOWN.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
PSYCHOSES.													
Traumatic	8	2	4	4	3	1	1	2	—	—	—	—	—
Senile	86	197	15	48	24	38	41	109	2	1	3	2	—
With cerebral arteriosclerosis	278	212	43	95	137	60	91	96	2	2	4	6	—
General paralysis	189	37	47	5	115	29	144	3	—	7	7	1	—
With cerebral syphilis	12	5	3	1	4	5	3	3	—	1	1	—	—
With Huntington's chorea	3	2	—	—	1	1	2	—	—	—	—	—	—
With brain tumor	2	3	2	4	—	1	—	—	—	—	—	—	—
With other brain or nervous diseases	36	20	13	7	21	11	1	2	—	—	—	—	—
Alcoholic	213	22	92	5	89	12	23	4	2	4	1	5	3
Due to drugs and other exogenous toxins	7	6	1	—	4	5	1	1	—	—	—	—	—
With pellagra	3	1	—	—	3	—	—	—	—	—	—	—	—
With other somatic diseases	44	68	13	14	20	41	7	9	2	1	3	5	—
Manic-depressive	134	254	52	89	70	140	6	20	2	1	3	8	—
Involution melancholia	31	78	9	18	27	43	3	14	1	1	1	1	—
Dementia praecox	351	360	289	173	462	50	196	3	1	5	6	18	3
Paranoia or paranoid conditions	29	62	9	15	24	15	43	3	—	2	5	7	—
Epileptic psychoses	23	15	17	9	26	5	—	—	1	1	1	—	—
Psychoneuroses and neuroses	11	31	11	14	7	15	10	—	—	—	—	—	—
With psychopathic personality	18	15	11	12	3	—	2	2	—	2	1	3	—
With mental deficiency	57	60	47	36	83	21	29	—	—	1	1	2	1
Undiagnosed psychoses	13	10	9	2	11	6	7	2	—	1	1	2	—
Without psychoses	25	13	14	7	21	5	2	1	—	1	—	—	—
Total	1,573	1,473	694	509	1,203	607	206	302	17	11	37	74	12
		3,046				1,218	508		28				3
													15

¹Does not include returns from any private hospital except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

TABLE 119. — *Marital Condition of All Temporary Admissions not Followed by Court Commitment to Hospitals for Mental Diseases, 1929, by Psychoses and Sex.*¹

PSYCHOSES.	TOTAL.			SINGLE.			MARRIED.			WIDOWED.			DIVORCED.			SEPARATED.			UNKNOWN.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Traumatic	10	2	12	1	—	1	8	2	10	1	—	1	—	—	—	—	—	—	
Senile	7	18	25	1	3	4	4	7	11	—	—	—	—	—	—	—	—	—	
With cerebral arteriosclerosis	51	36	87	8	9	17	30	14	44	12	11	23	—	1	1	—	—	—	
General paralysis	57	11	68	15	3	18	36	6	42	3	1	4	—	1	2	—	—	—	
With cerebral syphilis	7	4	11	1	1	2	6	3	9	—	—	—	—	1	1	—	—	—	
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
With brain tumor	3	3	6	3	2	5	—	—	1	—	—	—	—	—	—	—	—	—	
With brain or nervous diseases	34	18	52	16	3	19	14	13	27	4	2	6	—	—	—	—	—	—	
With other brain or nervous diseases	199	27	226	89	2	91	84	21	105	15	1	16	1	9	1	2	3	2	
Alcoholic	14	8	22	5	1	6	9	6	15	—	—	—	—	1	1	—	—	—	
Due to drugs and other exogenous toxins	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
With pellagra	25	39	64	6	8	14	14	26	40	4	4	8	1	—	—	—	—	—	
With other somatic diseases	102	150	252	43	57	100	53	78	131	4	8	12	1	1	1	2	—	—	
Manic-depressive	15	20	35	2	7	9	12	13	25	1	—	1	—	—	—	—	—	—	
Involution melancholia	151	123	274	125	67	192	20	51	71	3	3	6	2	1	3	—	1	1	
Dementia praecox	28	53	81	12	12	24	14	30	44	1	8	9	1	3	4	—	—	—	
Paranoia or paranoid conditions	30	11	41	23	5	28	17	13	30	—	—	—	—	1	1	—	—	—	
Epileptic psychoses	37	30	67	15	16	31	5	31	86	1	3	4	3	—	—	2	—	—	
Psychoneuroses and neuroses	16	28	44	11	17	28	5	6	33	—	—	—	—	1	1	—	—	—	
With psychopathic personality	13	17	30	11	8	19	7	8	15	—	—	—	—	—	—	—	—	—	
With mental deficiency	102	83	185	63	29	92	31	46	77	2	4	6	—	1	1	3	3	6	
Undiagnosed psychoses	362	248	610	188	145	333	141	78	219	20	11	31	3	9	10	19	3	6	
Without psychoses	12	34	46	3	7	10	9	19	28	—	—	6	—	1	1	—	1	—	
Diagnosed deferred	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total	1,276	964	2,240	641	402	1,043	516	445	961	73	72	145	13	25	52	13	17	30	

¹Does not include returns from any private hospital except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfer.

TABLE 120. — *Admission Ages of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1929, by Marital Conditions and Sex.*¹

AGE GROUPS.		TOTAL.		SINGLE.		MARRIED.		WIDOWED.		DIVORCED.		SEPARATED.		UNKNOWN.		
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
		7	9	16	7	8	15	1	1	2	1	3	1	1	1	1
	Under 15 years .	61	48	109	60	46	106	28	32	60	81	140	1	1	1	1
	15-19 years .	125	93	218	121	64	185	21	60	81	140	1	1	1	1	1
	20-24 years .	139	119	258	115	54	169	21	60	81	140	1	1	1	1	1
	25-29 years .	118	124	242	63	39	102	43	77	120	154	7	9	16	21	3
	30-34 years .	158	152	310	83	42	125	62	92	154	6	15	21	4	10	1
	35-39 years .	150	132	282	57	39	96	79	71	150	6	15	21	4	10	1
	40-44 years .	116	123	239	35	35	70	62	71	133	13	12	25	5	4	1
	45-49 years .	140	135	275	39	35	74	85	72	157	8	21	29	5	4	1
	50-54 years .	115	98	213	31	40	71	65	37	102	16	19	35	2	1	1
	55-59 years .	103	81	184	25	21	46	55	27	82	17	28	45	3	4	1
	60-64 years .	98	110	208	20	25	45	48	37	85	25	47	72	2	1	1
	65-69 years .	89	94	183	14	30	44	31	18	49	37	45	82	3	3	3
	70-74 years .	81	70	151	10	14	24	30	9	39	27	37	45	4	1	1
	75-79 years .	56	49	105	12	15	27	17	6	23	36	28	54	2	2	1
	80-84 years .	16	28	44	2	2	4	4	3	7	20	26	33	2	1	1
	85-89 years .	1	8	9	—	—	—	—	—	—	—	—	—	—	—	—
	90 years and over	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Total .	1,573	1,473	3,046	649	509	1,203	607	611	1,218	206	302	508	17	11	28

¹Does not include returns from any private hospital except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

TABLE 121. — Admission Ages of All Temporary Admissions not Followed by Court Commitment to Hospitals for Mental Diseases, 1929, by Marital Condition and Sex.¹

AGE GROUPS.	TOTAL.		SINGLE.		MARRIED.		WIDOWED.		DIVORCED.		SEPARATED.		UNKNOWN.
	M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Under 15 years	38	22	60	60	—	—	—	—	—	—	—	—	—
15-19 years	100	134	234	228	1	4	5	—	—	—	—	—	—
20-24 years	141	92	233	183	17	28	45	—	—	—	—	—	—
25-29 years	131	100	231	129	33	61	94	1	—	1	2	2	—
30-34 years	151	93	244	98	66	61	127	4	2	6	8	3	—
35-39 years	146	139	285	32	69	93	162	7	4	11	3	4	7
40-44 years	153	106	289	78	89	57	146	4	16	20	3	4	7
45-49 years	117	95	212	27	73	60	133	9	6	16	5	5	10
50-54 years	99	60	159	47	57	35	92	6	6	12	2	3	5
55-59 years	83	57	140	23	53	22	75	8	10	18	2	1	3
60-64 years	45	24	69	12	24	10	34	7	8	15	2	1	1
65-69 years	30	18	48	7	17	9	26	9	5	14	—	—	—
70-74 years	22	15	37	2	7	2	9	10	10	20	—	—	—
75-79 years	13	2	15	2	5	1	6	6	1	7	—	—	—
80-84 years	3	2	5	1	3	—	3	1	1	1	—	—	—
85-89 years	2	4	6	1	2	3	3	1	1	2	—	—	—
90 years and over	2	1	3	—	1	—	1	1	1	2	—	—	—
Total	1,276	964	2,240	1,043	516	445	961	73	72	145	13	17	30
											27	25	52
											6	3	9

¹Does not include returns from any private hospital except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

TABLE 122. — *Degree of Education of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1929, by Psychoses and Sex.*¹

PSYCHOSES.	TOTAL.		ILLITERATE.		READS AND WRITES.		COMMON SCHOOL.		HIGH SCHOOL.		COLLEGE.		UNKNOWN.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Traumatic	8	2	10	1	1	1	6	1	7	1	1	1	—
Senile	86	197	283	5	24	29	46	91	137	6	21	27	—
With cerebral arteriosclerosis	278	212	490	21	16	37	143	226	269	23	28	51	13
General paralysis	189	37	226	17	5	22	105	26	131	28	2	30	13
With cerebral syphilis	12	5	17	2	—	2	6	3	9	1	2	3	2
With Huntington's chorea	3	2	5	—	—	—	2	2	4	1	—	1	—
With brain tumor	2	3	5	—	—	—	1	1	2	1	—	1	—
With other brain or nervous diseases	36	20	56	2	3	5	6	21	31	4	3	7	1
Alcoholic	213	22	235	17	4	21	45	4	49	15	1	16	14
Due to drugs and other exogenous toxins	7	6	13	—	1	1	1	1	1	2	—	1	—
With pellagra	3	1	4	—	—	—	3	1	4	—	—	—	—
With other somatic diseases	44	68	112	6	2	8	22	41	63	7	14	21	—
Manic-depressive	134	254	388	4	12	16	69	146	215	35	65	100	5
Involution melancholia	31	78	109	3	6	9	22	53	75	1	10	11	6
Dementia praecox	351	360	711	13	19	32	221	206	427	70	90	160	—
Paranoia or paranoid conditions	29	62	91	1	6	7	12	14	37	51	8	13	13
Epileptic psychoses	23	15	38	1	3	4	5	16	11	27	1	—	4
Psychoneuroses and neuroses	11	31	42	1	2	3	—	18	24	32	1	3	1
With psychopathic personality	18	15	33	2	1	3	—	13	9	22	1	5	1
With mental deficiency	57	60	117	13	13	26	15	9	24	32	58	2	7
Undiagnosed psychoses	13	10	23	1	1	2	1	9	7	16	—	1	—
Without psychoses	25	13	38	5	1	6	4	8	15	7	2	1	—
Total	1,573	1,473	3,046	114	120	234	198	132	330	209	258	467	115
							888	849	1,737	49	49	98	65
													180

¹Does not include returns from any private hospital except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

TABLE 123.—*Degree of Education of All Temporary Admissions not Followed by Court Commitment to Hospitals for Mental Diseases, 1929, by Psychoses and Sex.*¹

PSYCHOSES.	TOTAL.		ILLITERATE.		READS AND WRITES.		COMMON SCHOOL.		HIGH SCHOOL.		COLLEGE.		UNKNOWN.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Traumatic	10	2	—	—	1	—	5	2	3	—	1	—	—
Schile	7	18	2	4	—	2	2	7	—	5	—	—	—
With cerebral arteriosclerosis	51	36	2	2	5	6	31	17	4	8	—	—	2
General paralysis	57	11	6	—	3	1	32	6	9	3	—	—	4
With cerebral syphilis	7	4	—	—	—	—	6	2	2	2	—	—	5
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	1
With brain tumor	3	3	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	34	18	3	6	—	—	—	—	2	1	—	—	—
With other brain or nervous diseases	199	27	12	14	19	—	132	18	20	5	—	—	1
Alcoholic	14	8	3	3	—	—	6	2	3	5	—	—	2
Due to drugs and other exogenous toxins	1	1	—	—	—	—	—	—	—	—	—	—	1
With pellagra	25	39	—	—	3	1	13	27	4	9	—	—	1
With other somatic diseases	102	150	3	6	3	6	62	95	23	41	—	—	3
Manic-depressive	15	20	2	2	—	—	10	11	2	7	—	—	—
Involution melancholia	151	123	2	4	7	9	89	62	41	39	—	—	1
Dementia praecox	28	53	2	5	1	2	21	41	2	4	—	—	6
Paranoia or paranoid conditions	30	11	—	1	3	1	22	9	4	6	—	—	1
Epileptic psychoses	37	30	—	1	—	—	27	14	6	12	—	—	—
Psychoneuroses and neuroses	16	28	—	1	1	—	13	17	2	8	—	—	2
With psychopathic personality	13	17	2	4	—	—	9	15	—	10	—	—	—
With mental deficiency	102	83	2	3	4	3	66	55	19	38	—	—	—
Undiagnosed psychoses	362	248	16	11	16	15	249	176	50	40	—	—	7
Without psychoses	12	34	1	5	—	—	6	19	3	8	—	—	19
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—	—	—	1
Total	1276	964	58	39	69	46	825	608	204	219	61	29	59
													23
													82

¹Does not include returns from any private hospital except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

TABLE 124. — *Environment of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1929, by Psychoses and Sex.*¹

PSYCHOSES.	TOTAL.			RURAL.			URBAN.			UNKNOWN.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	8	2	10	—	—	—	8	2	10	—	—	—
Senile	86	197	283	6	8	14	79	189	268	1	—	1
With cerebral arteriosclerosis	278	212	490	14	5	19	264	207	471	—	—	—
General paralysis	189	37	226	7	3	10	177	34	211	5	—	5
With cerebral syphilis	12	5	17	—	—	—	12	5	17	—	—	—
With Huntington's chorea	3	2	5	—	—	—	3	2	5	—	—	—
With brain tumor	2	3	5	—	—	—	1	3	4	—	—	—
With other brain or nervous diseases	36	20	56	—	—	—	35	19	54	—	—	—
Alcoholic	213	22	235	7	1	8	206	21	227	1	—	1
Due to drugs and other exogenous toxins	7	6	13	1	—	—	6	6	12	—	—	—
With pellagra	3	1	4	—	—	—	3	1	4	—	—	—
With other somatic diseases	44	68	112	2	3	5	40	65	105	2	—	2
Manic-depressive	134	254	388	3	8	11	130	246	376	1	—	1
Involution melancholia	31	78	109	—	5	5	31	73	104	—	—	—
Dementia praecox	351	360	711	13	8	21	331	352	683	7	—	7
Paranoia or paranoid conditions	29	62	91	—	3	3	29	59	88	—	—	—
Epileptic psychoses	23	15	38	2	—	2	20	15	35	—	—	—
Psychoneuroses and neuroses	11	31	42	1	1	2	10	30	40	—	—	—
With psychopathic personality	18	15	33	—	—	—	17	15	32	—	—	—
With mental deficiency	57	60	117	3	5	8	50	55	105	4	—	4
Undiagnosed psychoses	13	10	23	—	—	—	13	10	23	—	—	—
Without psychoses	25	13	38	1	1	2	24	12	36	—	—	—
Total	1,573	1,473	3,046	61	52	113	1,489	1,421	2,910	23	—	23

¹Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

TABLE 125. — *Environment of All Temporary Admissions not Followed by Court Commitment to Hospitals for Mental Diseases, 1929, by Psychoses and Sex.*¹

	TOTAL.				URBAN.				RURAL.			UNKNOWN.		
	M.		F.		M.		F.		M.		F.		M.	
	M.	F.	T.	T.	M.	F.	T.	T.	M.	F.	T.	T.	M.	F.
PSYCHOSES.														
Traumatic	10	2	12	12	10	2	12	12	-	-	-	-	-	-
Senile	7	18	25	25	6	18	24	24	1	-	-	-	-	-
With cerebral arteriosclerosis	51	36	87	87	50	35	85	85	1	-	-	-	1	1
General paralysis	57	11	68	68	55	11	66	66	1	-	-	-	1	1
With cerebral syphilis	7	4	11	11	7	4	11	11	-	-	-	-	-	-
With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With brain tumor	3	3	6	6	2	3	5	5	-	-	-	-	1	1
With other brain or nervous diseases	34	18	52	52	33	18	51	51	1	-	-	-	1	1
Alcoholic	199	27	226	226	192	27	219	219	6	-	-	-	1	1
Due to drugs and other exogenous toxins	14	8	22	22	14	8	22	22	-	-	-	-	-	-
With pellagra	1	1	2	2	1	1	2	2	-	-	-	-	-	-
With other somatic diseases	25	39	64	64	24	39	63	63	1	-	-	-	-	-
Manic-depressive	102	150	252	252	102	149	251	251	-	-	-	-	-	-
Involution melancholia	15	20	35	35	15	18	33	33	-	-	-	-	1	1
Dementia praecox	151	123	274	274	146	123	269	269	3	-	-	-	2	2
Paranoia or paranoid conditions	28	53	81	81	26	52	78	78	1	-	-	-	1	1
Epileptic psychoses	37	11	41	41	30	11	41	41	-	-	-	-	-	-
Psychoneuroses and neuroses	37	30	67	67	35	29	64	64	2	-	-	-	-	-
With psychopathic personality	16	28	44	44	16	28	44	44	-	-	-	-	-	-
With mental deficiency	13	17	30	30	13	17	30	30	-	-	-	-	-	-
Undiagnosed psychoses	102	83	185	185	98	81	179	179	-	-	-	-	4	1
Without psychoses	362	248	610	610	358	242	600	600	3	-	-	-	1	1
Diagnosis deferred	12	34	46	46	12	33	45	45	-	-	-	-	-	-
Total	1,276	964	2,240	2,240	1,215	949	2,194	2,194	20	11	31	31	11	4

¹Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

TABLE 126. — *Economic Status of First Admissions by Court Commitment to Hospitals for Mental Diseases, 1929, by Psychoses and Sex.*¹

	TOTAL.			DEPENDENT.			MARGINAL.			COMFORTABLE.			UNKNOWN.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
PSYCHOSES.															
Traumatic	8	2	10	—	—	—	8	2	10	—	—	—	—	—	—
Senile	86	197	283	16	27	43	56	155	211	8	14	22	8	7	15
With cerebral arteriosclerosis	278	212	490	44	29	73	190	194	384	26	14	40	18	5	23
General paralysis	189	37	226	18	2	20	160	30	190	3	3	6	8	2	10
With cerebral syphilis	12	5	17	1	—	1	10	4	14	1	—	1	—	—	—
With Huntington's chorea	3	2	5	—	—	—	2	2	4	1	—	1	—	—	—
With brain tumor	2	3	5	—	—	—	1	2	3	—	—	—	—	—	—
With other brain or nervous diseases	36	20	56	4	—	4	28	19	47	1	1	2	3	—	3
Alcoholic	213	22	235	11	5	16	179	16	195	13	1	14	10	—	10
Due to drugs and other exogenous toxins	7	6	13	—	—	—	7	5	12	—	—	—	—	—	—
With pellagra	3	1	4	—	—	—	3	1	4	—	—	—	—	—	—
With other somatic diseases	44	68	112	3	8	11	36	55	91	4	4	8	1	1	2
Manic-depressive	134	254	388	3	18	21	109	206	315	19	28	47	3	2	5
Involution melancholia	31	78	109	2	5	7	24	68	92	4	4	8	1	1	2
Dementia praecox	351	360	711	37	30	67	278	300	578	15	18	33	21	12	33
Paranoia or paranoid conditions	29	62	91	1	10	11	26	49	75	1	3	4	1	—	1
Epileptic psychoses	23	15	38	6	6	12	16	10	26	1	1	2	—	—	—
Psychoneuroses and neuroses	11	31	42	1	3	4	9	24	33	1	3	4	—	—	—
With psychopathic personality	18	15	33	2	2	4	15	10	25	1	1	2	—	—	—
With mental deficiency	57	60	117	17	14	31	37	45	82	3	—	3	—	—	—
Undiagnosed psychoses	13	10	23	1	1	2	12	8	20	—	—	—	—	—	—
Without psychoses	25	13	38	4	3	7	16	10	26	5	—	5	—	—	—
Total	1,573	1,473	3,046	171	162	333	1,222	1,185	2,407	105	91	196	75	35	110

¹Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

TABLE 127. — *Economic Status of All Temporary Admissions not Followed by Court Commitment to Hospitals for Mental Diseases, 1929, by Psychoses and Sex.*¹

PSYCHOSES.	TOTAL.			DEPENDENT.			MARGINAL.			COMFORTABLE.			UNKNOWN.	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.		
Traumatic	10	2	12	—	—	—	10	2	12	—	—	—	—	—
Senile	7	18	25	2	4	6	4	14	18	1	1	7	4	1
With cerebral arteriosclerosis	51	36	87	4	3	7	37	31	68	6	1	7	1	5
General paralysis	57	11	68	2	—	2	51	11	62	3	—	3	1	1
With cerebral syphilis	7	4	11	—	—	—	7	4	11	—	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	3	3	6	1	—	1	2	3	5	—	—	—	—	—
With other brain or nervous diseases	34	18	52	1	—	1	33	18	51	—	—	—	—	—
Alcoholic	199	27	226	3	3	6	185	23	208	6	—	6	5	1
Due to drugs and other exogenous toxins	14	8	22	1	—	1	13	7	20	—	—	—	1	1
With pellagra	1	1	2	—	1	1	1	—	1	—	—	—	—	—
With other somatic diseases	25	39	64	2	1	3	18	37	55	3	1	4	2	—
Manic-depressive	102	150	252	2	8	10	93	142	235	7	—	7	—	—
Involution melancholia	15	20	35	—	—	—	14	20	34	1	—	1	—	—
Dementia praecox	151	123	274	4	11	15	144	110	254	2	2	4	1	1
Paranoia or paranoid conditions	28	53	81	—	6	6	27	46	73	—	1	1	1	—
Epileptic psychoses	30	11	41	1	2	3	29	25	54	—	1	1	—	—
Psychoneuroses and neuroses	37	30	67	2	3	5	35	25	60	—	1	1	—	—
With psychopathic personality	16	28	44	1	3	4	15	25	40	—	—	—	—	—
With mental deficiency	13	17	30	1	2	3	12	15	27	—	—	—	—	—
Undiagnosed psychoses	102	83	185	5	1	6	93	81	174	—	—	—	4	1
Without psychoses	362	248	610	31	47	78	316	195	511	11	4	15	4	5
Diagnosis deferred	12	34	46	—	1	1	12	33	45	—	—	—	—	—
Total	1,276	964	2,240	63	96	159	1,151	850	2,001	40	11	51	22	7
														29

¹Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

TABLE 128. — *Number of Times Admitted and Psychoses of All Admissions by Court Commitment to Hospitals for Mental Diseases, 1929, by Sex.¹*

PSYCHOSES.	TOTAL.		ONE.		TWO.		THREE.		FOUR.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Traumatic	9	2	8	2	1	—	—	—	—	—
Senile	91	205	86	197	5	6	—	—	—	—
With cerebral arteriosclerosis	297	229	278	212	11	11	2	2	1	2
General paralysis	211	38	189	37	10	1	3	7	2	3
With cerebral syphilis	13	5	12	5	—	—	—	—	—	—
With Huntington's chorea	4	2	3	2	—	—	—	—	—	—
With brain tumor	3	3	2	3	—	—	—	—	—	—
With other brain or nervous diseases	42	23	36	20	3	2	1	1	1	2
Alcoholic	248	29	213	22	15	4	9	2	6	6
Due to drugs and other exogenous toxins	9	6	7	6	1	—	1	—	—	—
With pellagra	3	1	3	1	—	—	—	—	—	—
With other somatic diseases	49	73	44	68	3	5	1	—	—	—
Manic-depressive	226	389	134	254	24	51	22	29	15	14
Involution melancholia	33	86	31	78	1	6	—	2	—	29
Dementia praecox	506	470	351	360	63	51	50	34	19	13
Paranoia or paranoid conditions	34	71	29	62	1	2	3	3	6	32
Epileptic psychoses	31	19	23	15	1	1	3	3	2	2
Psychoneuroses and neuroses	12	33	11	31	—	—	1	—	—	—
With psychopathic personality	21	16	18	15	—	—	—	—	—	—
With mental deficiency	80	73	57	60	13	6	5	4	1	1
Undiagnosed psychoses	19	11	13	10	2	—	2	2	2	4
Without psychoses	30	18	25	13	1	1	3	3	—	—
Total	1,971	1,802	1,573	1,473	156	148	115	85	51	34
		3,773		3,046	304	200			85	

¹Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

TABLE 128. — *Number of Times Admitted and Psychoses of All Admissions by Court Commitment to Hospitals for Mental Diseases, 1929, by Sex.*¹ — Concluded

PSYCHOSES	FIVE.		SIX.		SEVEN.		EIGHT.		NINE.		TEN OR MORE.	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	—	—	—	—	—	—	—	—	—	—	—	—
Senile	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	1	1	1	—	1	1	—	1	—	—	—	—
With cerebral syphilis	—	—	—	—	—	—	—	—	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	1	—	1	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	2	1	3	2	—	1	—	—	—	—	—	—
Alcoholic	—	—	—	—	—	—	—	—	—	—	—	—
Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	10	12	22	11	14	25	—	—	—	—	—	—
Mani-depressive	—	—	—	1	—	1	—	—	—	—	—	—
Involution melancholia	12	6	18	9	3	12	3	5	8	3	4	2
Dementia praecox	—	—	—	—	—	—	—	—	—	—	—	6
Paranoia or paranoid conditions	1	1	1	1	1	1	—	2	—	—	1	—
Epileptic psychoses	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses and neuroses	2	—	2	—	—	—	—	—	—	—	—	—
With psychopathic personality	1	—	1	1	1	1	—	—	—	—	—	—
With mental deficiency	—	—	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	—	—	—	1	1	2	—	—	—	1	1	1
Without psychoses	—	—	—	1	1	2	—	—	—	—	—	—
Total	30	21	51	26	21	47	9	7	16	1	3	4
							4	7	11	6	3	9

¹Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

TABLE 131. — *Condition on Discharge and Psychoses of Committed Patients Discharged from Hospitals for Mental Diseases, 1929, by Age at Discharge and Sex.*¹*Condition on Discharge — Recovered.*

	TOTAL.		15-19 YEARS.		20-24 YEARS.		25-29 YEARS.		30-34 YEARS.		35-39 YEARS.	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
PSYCHOSES.												
Traumatic	1	1	2	1	1	2	1	1	2	1	1	2
Senile	1	1	2	1	1	2	1	1	2	1	1	2
With cerebral arteriosclerosis	5	2	7	1	1	2	1	1	2	1	1	2
General paralysis	1	1	2	1	1	2	1	1	2	1	1	2
With cerebral syphilis	1	1	2	1	1	2	1	1	2	1	1	2
With Huntington's chorea	1	1	2	1	1	2	1	1	2	1	1	2
With brain tumor	1	1	2	1	1	2	1	1	2	1	1	2
With other brain or nervous diseases	1	1	2	1	1	2	1	1	2	1	1	2
Alcoholic	63	5	68	1	1	2	1	1	2	1	1	2
Due to drugs and other exogenous toxins	2	1	3	1	1	2	1	1	2	1	1	2
With pellagra	3	9	12	1	1	2	1	1	2	1	1	2
With other somatic diseases	84	101	185	2	6	8	13	12	25	1	2	3
Manic-depressive	8	4	12	1	1	2	1	1	2	1	1	2
Involution melancholia	24	17	41	4	1	5	3	2	5	3	2	5
Dementia praecox	1	1	2	1	1	2	1	1	2	1	1	2
Paranoia or paranoid conditions	1	1	2	1	1	2	1	1	2	1	1	2
Epileptic psychoses	3	2	5	1	1	2	1	1	2	1	1	2
Psychoneuroses and neuroses	5	2	7	1	1	2	1	1	2	1	1	2
With psychopathic personality	10	4	14	1	1	2	1	1	2	1	1	2
With mental deficiency	2	2	4	1	1	2	1	1	2	1	1	2
Undiagnosed psychoses	2	2	4	1	1	2	1	1	2	1	1	2
Total	213	149	362	8	8	16	19	15	34	23	18	41

¹Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals Be Ford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

TABLE 131.—Condition on Discharge and Psychoses of Committed Patients Discharged from Hospitals for Mental Diseases, 1929, by Age at Discharge and Sex.¹—Continued.

Condition on Discharge — Recovered — Concluded.

PSYCHOSES.	40-44 YEARS.		45-49 YEARS.		50-54 YEARS.		55-59 YEARS.		60-64 YEARS.		65-69 YEARS.		70 YEARS AND OVER.		
	M. F. T.		M. F. T.		M. F. T.		M. F. T.		M. F. T.		M. F. T.		M. F. T.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Senile	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic	11	—	11	10	1	11	9	2	11	10	1	1	—	1	1
Due to drugs and other exogenous toxins	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases.	2	1	3	—	1	1	—	—	—	—	—	—	—	—	—
Manic-depressive	9	8	17	6	13	19	9	13	22	10	4	14	6	3	9
Involution melancholia.	2	1	3	2	2	4	3	1	4	1	—	1	1	1	3
Dementia praecox	2	1	3	4	1	5	2	2	2	1	—	1	1	1	1
Paranoia or paranoid conditions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Epileptic psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses and neuroses	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	1	—	1	1	—	1	—	1	1	—	—	—	—	—	—
Undiagnosed psychoses.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	28	12	40	21	19	40	23	20	43	24	7	31	10	5	15

¹ Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

TABLE 131. — *Condition on Discharge and Psychoses of Committed Patients Discharged from Hospitals for Mental Diseases, 1929, by Age at Discharge and Sex.*¹ — Continued.

Condition on Discharge — Improved.

	TOTAL.		15-19 YEARS.		20-24 YEARS.		25-29 YEARS.		30-34 YEARS.		35-39 YEARS.	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
PSYCHOSES.												
Traumatic	6	1	7	—	—	—	—	—	—	—	1	—
Senile	10	21	31	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	24	31	55	—	—	—	—	—	—	—	—	—
General paralysis	38	14	52	—	—	—	—	—	—	—	8	3
With cerebral syphilis	5	6	11	—	—	—	—	—	—	—	1	2
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	14	1	15	—	—	—	—	—	—	—	—	—
Alcoholic	61	17	78	1	1	2	3	—	—	—	2	1
Due to drugs and other exogenous toxins	5	2	7	—	—	—	—	—	—	—	11	1
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	5	23	28	—	—	—	—	—	—	—	—	—
Manic-depressive	74	125	199	2	2	4	—	—	—	—	1	3
Involution melancholia	10	28	38	—	—	—	—	—	—	—	5	16
Dementia praecox	188	160	348	10	10	20	—	—	—	—	24	21
Paranoia or paranoid conditions	14	18	32	—	—	—	—	—	—	—	31	24
Epileptic psychoses	13	5	18	—	—	—	—	—	—	—	1	3
Psychoneuroses and neuroses	9	15	24	—	—	—	—	—	—	—	1	3
With psychopathic personality	15	13	28	—	—	—	—	—	—	—	1	2
With mental deficiency	14	17	31	1	1	2	—	—	—	—	1	3
Undiagnosed psychoses	10	6	16	1	—	1	—	—	—	—	1	—
Total	515	504	1,019	15	13	28	61	33	94	51	58	109
										66	63	129
											69	59
												128

¹Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

TABLE 131. — *Condition on Discharge and Psychoses of Committed Patients Discharged from Hospitals for Mental Diseases, 1929, by Age at Discharge and Sex.*¹ — Continued.*Condition on Discharge — Improved — Concluded.*

PSYCHOSES.	40-44 YEARS.		45-59 YEARS.		50-54 YEARS.		55-59 YEARS.		60-64 YEARS.		65-69 YEARS.		70 YEARS AND OVER.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Traumatic	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Senile	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	7	6	1	1	3	3	1	1	1	1	1	4	8	10
With cerebral syphilis	2	2	1	1	1	1	2	5	2	2	6	7	9	18
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	1	—	2	—	2	2	—	—	—	—	—	—	—	—
Alcoholic	10	3	13	12	4	16	3	14	1	7	—	—	—	—
Due to drugs and other exogenous toxins	—	1	1	2	2	—	—	—	1	1	—	—	3	4
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases.	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Manic-depressive	7	12	19	7	16	23	—	4	4	—	—	—	1	—
Involution melancholia.	—	2	2	2	6	8	2	11	13	3	5	3	1	4
Dementia praecox.	18	16	34	12	24	24	7	13	20	3	2	3	4	5
Paranoia or paranoid conditions	3	2	5	12	4	6	3	2	5	2	1	3	1	2
Epileptic psychoses	2	1	3	1	1	2	—	4	5	2	2	4	1	—
Psychoneuroses and neuroses	5	3	8	—	—	—	—	—	—	—	—	—	—	—
With psychopathic personality	2	2	4	—	2	1	—	3	—	—	—	—	—	—
With mental deficiency.	2	2	4	1	2	1	—	1	—	—	—	—	—	—
Undiagnosed psychoses.	—	1	1	1	2	3	—	—	—	—	—	—	—	—
Total	58	54	112	52	54	106	41	58	99	31	30	61	23	27
														50

¹Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospital Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

TABLE 131. — *Condition on Discharge and Psychoses of Committed Patients Discharged from Hospitals for Mental Diseases, 1929, by Age at Discharge and Sex.¹ — Continued.*
Condition on Discharge — Unimproved.

	TOTAL.		15-19 YEARS.		20-24 YEARS.		25-29 YEARS.		30-34 YEARS.		35-39 YEARS.	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
PSYCHOSES.												
Traumatic	1	—	1	—	—	—	—	—	—	—	—	—
Senile	3	8	11	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	17	1	18	—	—	—	—	—	—	—	—	—
General paralysis	15	1	16	—	—	—	2	1	3	2	1	1
With cerebral syphilis	1	—	1	—	—	—	—	—	—	—	—	—
With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	3	1	4	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	24	1	25	—	—	—	—	—	3	—	4	1
Alcoholic	1	—	1	—	—	—	—	—	—	—	—	—
Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—
With pellagra	—	8	9	—	—	1	—	—	—	—	—	—
With other somatic diseases	13	22	35	—	—	1	1	3	1	2	3	5
Manic-depressive	2	3	5	—	—	—	7	10	—	—	—	1
Involution melancholia	70	36	106	1	1	2	4	3	7	15	5	20
Dementia praecox	7	8	15	—	—	—	15	4	19	2	2	2
Paranoia or paranoid conditions	3	4	7	1	1	2	1	1	2	—	—	1
Epileptic psychoses	1	3	4	—	—	—	—	—	—	—	—	—
Psychoneuroses and neuroses	3	2	5	—	—	—	—	—	—	—	1	1
With psychopathic personality	11	3	14	—	—	—	—	—	—	—	2	2
Mental deficiency	—	—	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—
Total	176	101	277	2	2	4	7	7	14	21	17	38
Without psychoses	—	—	—	—	—	—	—	—	—	—	—	—
	29	21	50	—	1	1	3	5	8	2	7	9
	—	—	—	—	—	—	—	—	—	10	1	11
	—	—	—	—	—	—	—	—	—	25	9	34
	—	—	—	—	—	—	—	—	—	28	12	40
	—	—	—	—	—	—	—	—	—	4	—	4

¹Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95, Does not include patients in family care under the Department of Mental Diseases, or transfers.

TABLE 131. — *Condition on Discharge and Psychoses of Committed Patients Discharged from Hospitals for Mental Diseases, 1929, by Age at Discharge and Sex*¹.—Continued.*Condition on Discharge — Unimproved — Concluded*

PSYCHOSES.																					
40-44 YEARS.			45-49 YEARS.			50-54 YEARS.			55-59 YEARS.			60-64 YEARS.			65-69 YEARS.			70 YEARS AND OVER.			
M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.			
Traumatic	-	-	1	-	1	-	-	-	-	-	-	-	-	1	1	-	-	3	5	8	
Senile	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	10	1	11	
With cerebral arteriosclerosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	3	2	3	5	
General paralysis	2	-	2	5	-	5	2	2	2	1	-	1	1	-	-	1	-	1	-	-	
With cerebral syphilis	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	
With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With other brain or nervous diseases	-	-	1	1	1	1	1	1	1	-	1	1	2	-	-	-	-	-	-	-	
Alcoholic	7	-	7	3	-	3	-	-	-	3	-	3	2	-	-	1	-	1	-	1	
Due to drugs and other exogenous toxins	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With pellagra	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With other somatic diseases	-	1	1	3	1	4	-	3	3	-	-	-	-	-	2	2	-	-	-	-	
Manic-depressive	1	1	2	3	1	4	-	1	1	3	-	3	-	1	2	-	2	-	-	-	
Involution melancholia.	7	4	11	4	8	12	4	3	7	1	4	5	2	1	2	-	2	-	-	-	
Dementia praecox	-	-	-	-	-	-	2	2	2	1	1	2	3	-	-	-	-	-	-	-	
Paranoia or paranoid conditions	-	1	1	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	
Epileptic psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Psychoneuroses and neuroses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With psychopathic personality	-	-	-	-	-	-	1	-	-	-	1	1	-	-	-	1	-	-	-	-	
With Mental deficiency	-	-	-	3	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Undiagnosed psychoses.	2	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total	21	10	31	20	12	32	10	9	19	10	7	17	10	6	16	8	4	12	14	6	20
Without psychoses	3	3	6	1	2	3	1	1	2	2	-	2	-	-	-	2	-	2	1	1	2

¹Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

TABLE 132. — *Time on Books, Time Spent Out and Net Time Spent within Institutions during this Admission of Committed Patients Discharged from Hospitals for Mental Diseases, 1929, by Psychoses and Sex.*¹

	ALL CONDITIONS.									
	On Books.					AVERAGE TIME IN YEARS, ²				
	M.		F.		T.	Out.		M.	F.	T.
	M.	F.	M.	F.		M.	F.			
PSYCHOSES.										
Traumatic	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50
Senile	1.77	2.06	1.50	1.96	1.50	1.16	1.31	.61	.75	.70
With cerebral arteriosclerosis	1.68	1.34	1.38	1.54	1.50	.93	1.22	.75	.12	.49
General paralysis	2.11	2.28	2.15	2.15	1.50	1.38	1.20	.73	1.08	.81
With cerebral syphilis	2.40	2.00	2.21	2.21	1.00	1.00	1.50	1.40	.50	1.01
With Huntington's chorea	—	1.50	1.50	1.50	1.50	—	1.50	—	—	—
Other brain or nervous diseases	1.90	2.00	1.91	1.91	1.19	1.30	1.50	.71	.50	.69
Alcoholic	2.20	2.49	2.21	2.21	1.30	.77	1.35	.90	1.14	.91
Due to drugs and other exogenous toxins	1.04	2.16	1.35	1.17	.52	1.50	1.09	.27	.66	.38
Other somatic diseases	.86	1.25	1.17	1.98	1.12	1.30	1.30	.34	.16	.19
Manic-depressive	2.34	2.35	2.35	2.35	1.35	1.56	1.46	.78	.74	.76
Involution melancholia	3.21	2.49	2.90	2.90	1.56	1.35	1.39	.99	.96	.97
Dementia praecox	2.43	2.31	2.60	2.73	2.00	1.24	1.26	1.65	1.03	1.38
Paranoia or paranoid conditions	2.74	2.90	2.73	2.73	2.00	1.24	1.10	.43	1.05	.77
Epileptic psychoses	1.33	2.27	1.90	1.90	1.27	1.27	1.75	1.50	1.80	1.52
Psychoneuroses and neuroses	2.47	2.67	2.55	2.55	1.15	1.77	1.29	.06	.52	.34
With psychopathic personality	3.29	3.81	3.50	3.50	1.77	1.77	1.47	1.32	1.38	1.34
With mental deficiency	1.44	1.31	1.39	1.39	1.25	1.25	1.31	.19	2.34	1.85
Undiagnosed psychoses	1.17	3.02	1.95	1.95	.82	.55	1.19	.62	—	1.12
Without psychoses	2.39	2.23	2.33	2.33	1.32	1.32	1.35	.88	1.83	1.13
Total	2.39	2.23	2.33	2.33	1.32	1.32	1.35	1.07	.88	1.00

¹Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

²While the "time spent out" was necessarily derived from patients who had been out on visit, the average time out was based on the figures for the total number of cases discharged. They constitute, therefore, the average time out of all discharges and not the average time out for only those cases who had been out on visit.

TABLE 133. — *Psychoses of Temporary Care Cases Discharged from Hospitals for Mental Diseases, 1929, by Age at Discharge and Sex.*¹

PSYCHOSES	TOTAL.		UNDER 15 YEARS.		15-19 YEARS.		20-24 YEARS.		25-29 YEARS.		30-34 YEARS.		35-39 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	9	2	11	-	-	-	-	-	-	1	-	-	1	-	1
Senile	5	12	17	-	-	-	-	-	-	-	-	-	-	-	-
With cerebral arteriosclerosis.	38	24	62	-	-	-	-	-	-	-	-	-	-	-	-
General paralysis	52	10	62	-	-	-	-	1	1	-	3	3	11	2	13
With cerebral syphilis	6	4	10	-	-	-	-	-	-	1	-	-	-	2	2
With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With brain tumor	2	3	5	-	-	-	-	-	-	-	-	-	1	1	-
With other brain or nervous diseases	31	18	49	2	-	2	8	1	1	2	2	3	2	2	4
Alcoholic	183	24	207	-	-	-	2	7	7	14	2	16	27	1	28
Due to drugs and other exogenous toxins	14	9	23	-	-	-	-	-	-	2	2	4	2	-	-
With pellagra	1	-	1	-	-	-	-	-	4	-	-	6	-	1	1
With other somatic diseases	12	30	42	-	-	-	6	9	15	18	12	30	10	17	27
Manic-depressive	98	143	241	-	-	-	-	-	-	-	-	-	-	-	-
Involution melancholia	12	18	30	-	-	-	-	-	39	14	53	29	22	51	-
Dementia praecox	144	116	260	1	-	1	12	6	18	14	53	29	22	51	-
Paranoia or paranoid conditions	31	54	85	-	-	-	-	1	1	1	1	1	1	1	1
Epileptic psychoses	28	11	39	1	1	2	4	1	5	1	1	5	4	5	9
Psychoneuroses and neuroses.	35	31	66	4	-	4	2	8	10	4	5	9	7	4	11
With psychopathic personality	16	28	44	1	-	1	2	6	8	4	4	4	5	3	8
With mental deficiency	11	17	28	1	-	1	2	3	5	1	6	1	3	4	5
Undiagnosed psychoses	100	85	185	1	-	1	7	7	14	17	24	12	5	17	13
Without psychoses	361	248	609	28	20	48	49	90	139	50	29	79	44	18	62
Diagnosis deferred	13	34	47	2	1	3	1	1	2	2	3	8	10	1	2
Total	1,202	921	2,123	41	23	64	96	133	229	137	90	227	145	93	238
										128	98	226	143	136	279

¹Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

TABLE 133. — *Psychoses of Temporary Care Cases Discharged from Hospitals for Mental Diseases, 1929, by Age at Discharge and Sex.*¹ — Continued.

PSYCHOSES.																				
40-44 YEARS.			45-49 YEARS.			50-54 YEARS.			55-59 YEARS.			60-64 YEARS.			65-69 YEARS.			70 YEARS AND OVER.		
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
2	1	3	1	—	1	—	—	—	—	—	—	—	2	17	1	1	1	1	—	1
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	1	2	1	4	5	—	4	5	—	4	11	6	9	2	2	8	5	13	2	12
6	1	7	6	2	8	8	1	9	4	1	9	4	1	—	1	4	1	—	3	13
1	—	1	2	—	2	—	—	—	—	—	1	1	2	1	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	1	—	1	—	2	2	—	2	—	—	—	—	—	—	—	—	—	—
—	—	—	4	5	9	—	1	2	—	3	—	—	—	—	—	—	—	—	—	—
32	3	35	22	7	29	16	2	18	6	1	5	2	—	2	1	1	2	—	1	1
3	2	5	4	1	5	—	2	2	—	2	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4	2	6	1	4	5	—	1	—	—	3	1	3	1	4	3	2	5	—	—	—
7	19	26	6	17	23	10	7	17	4	10	15	25	5	4	9	1	2	—	1	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3	1	4	3	8	11	3	6	9	2	2	2	2	2	2	1	4	1	—	—	—
18	19	37	5	8	13	6	6	12	2	5	7	—	—	—	—	—	—	—	—	—
6	7	13	3	7	10	7	8	15	5	6	11	—	—	—	—	4	4	—	1	—
6	—	6	1	1	2	1	—	—	—	—	1	1	1	1	—	—	—	—	3	3
3	1	4	3	2	5	1	—	1	1	1	1	—	—	—	—	—	—	—	—	—
3	1	4	3	2	5	1	—	2	2	1	—	—	—	—	—	—	—	—	—	—
1	3	4	—	1	3	—	1	1	—	1	1	—	—	—	1	—	1	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12	9	21	9	4	13	10	9	19	6	2	8	—	—	—	—	—	—	—	—	—
31	20	51	33	13	46	18	1	19	9	7	16	5	1	6	2	2	—	2	1	1
2	6	8	2	5	7	1	1	2	1	—	—	—	—	—	9	1	10	6	5	11
141	101	242	108	91	199	89	55	144	79	51	130	42	19	61	25	12	37	28	19	47
Total																				

¹Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

TABLE 134. — *Citizenship of Patients Discharged from Hospitals for Mental Diseases, 1929, by Form of Admission and Sex.*¹

FORM OF ADMISSION.	NUMBER											
	TOTAL.			CITIZENS BY BIRTH			CITIZENS BY NATURALIZATION.			ALIENS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Regular Commitment	933	775	1,708	583	470	1,053	123	129	252	208	159	367
Temporary Care and Observation	1,202	921	2,123	784	576	1,360	190	160	350	191	163	354
Total	2,135	1,696	3,831	1,367	1,046	2,413	313	289	602	399	322	721
PER CENT												
Regular Commitment	43.70	45.70	44.58	42.65	44.93	43.64	39.30	44.63	41.86	52.13	49.38	50.90
Temporary Care and Observation	56.30	54.30	55.42	57.35	55.07	56.36	60.70	55.37	58.14	47.87	50.62	49.10
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Regular Commitment	33.92	43.58	37.89	33.92	43.58	37.89	33.92	43.58	37.89	33.92	43.58	37.89
Temporary Care and Observation	66.08	56.42	62.11	66.08	56.42	62.11	66.08	56.42	62.11	66.08	56.42	62.11
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

¹Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

TABLE 136. — *Psychoses of Committed Patients who Died in Hospitals for Mental Diseases, 1929, by Age at Death and Sex.*¹

PSYCHOSES.	TOTAL.		UNDER 15 YEARS.		15-19 YEARS.		20-24 YEARS.		25-29 YEARS.		30-34 YEARS.		35-39 YEARS.		40-44 YEARS.		45-49 YEARS.			
	M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	2	1			3															
Senile	88	206			294															
With cerebral arteriosclerosis	245	165			410															
General paralysis	127	32			159															
With cerebral syphilis	9	2			11		1													
With Huntington's chorea	3	1			4															
With brain tumor	4	4			8		1													
With other brain or nervous diseases	20	14			34			1	2											
Alcoholic	60	13			73															
Due to drugs and other exogenous toxins																				
With pellagra	2	1			3															
With other somatic diseases	29	35			64															
Manic-depressive	30	62			92		1													
Involution melancholia	11	28			39															
Dementia praecox	166	181			347		3													
Paranoia or paranoid conditions	4	14			18		1													
Epileptic psychoses	20	21		1	41		2													
Psychoneuroses and neuroses	1	2			3															
With psychopathic personality	2	1			3			1												
With mental deficiency	19	15			34			2												
Undiagnosed psychoses	2	2			4			1												
Without psychoses	17	13		2	30		2		3											
Total	861	809	3	1	4	7	2	9	11	11	22	21	17	38	26	21	47	40	37	77

¹Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

TABLE 136. — *Psychoses of Committed Patients who Died in Hospitals for Mental Diseases, 1929, by Age at Death and Sex.*¹ — Concluded.

PSYCHOSES.	50-54 YEARS.			55-59 YEARS.			60-64 YEARS.			65-69 YEARS.			70-74 YEARS.			75-79 YEARS.			80-84 YEARS.			85-59 YEARS.			90 YEARS AND OVER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	1	1	2	1	3	4	1	7	13	1	1	2	1	40	61	20	52	72	18	47	65	7	21	28	2	11	13
Senile	6	9	15	11	14	25	22	19	41	47	28	75	53	42	95	55	22	77	35	19	54	13	9	22	1	3	4
With cerebral arteriosclerosis	18	5	23	14	3	17	15	3	18	5	4	9	4	1	4	1	1	1	1	1	1	1	1	1	1	1	1
General paralysis	3	1	4	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
With cerebral syphilis	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
With Huntington's chorea	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
With brain tumor	3	3	6	2	1	3	3	3	6	11	2	13	5	1	6	4	1	5	2	1	2	2	1	1	1	1	1
With other brain or nervous diseases	9	9	18	10	1	11	9	2	11	11	2	13	5	1	6	4	1	5	1	1	1	1	1	1	1	1	
Alcoholic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With pellagra	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	3	4	7	5	5	10	5	1	6	4	5	9	4	1	5	2	1	3	2	1	2	—	—	—	—	—	—
Manic-depressive	4	9	13	6	8	14	3	5	8	5	13	18	6	12	18	2	1	2	—	—	—	—	—	—	—	—	—
Involunt melancholia	2	5	7	—	7	7	2	2	4	3	5	8	2	2	2	1	1	2	—	—	—	—	—	—	—	—	—
Dementia praecox	13	21	34	16	22	38	11	21	32	14	17	31	15	12	27	9	6	15	2	9	11	1	4	5	1	1	
Paranoia or paranoid conditions	—	—	—	6	6	12	2	3	5	2	2	4	2	1	3	1	1	2	—	—	—	—	—	—	—	—	—
Epileptic psychoses	2	2	4	1	2	3	5	2	7	4	2	6	—	—	1	1	1	—	—	—	—	—	—	—	—	—	
Psychoneuroses and neuroses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	1	3	4	5	1	6	1	2	3	2	2	4	2	1	3	—	1	1	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	—	4	4	1	—	1	3	—	3	1	—	1	1	—	—	1	—	1	—	—	—	—	—	—	—	—	—
Total	67	67	134	74	74	148	89	71	160	111	105	216	116	113	229	97	86	183	59	77	136	21	36	57	3	15	18

¹Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

TABLE 137. — *Number of Times Admitted to All Institutions and Net Duration of Hospital Residence during THIS Admission of Committed Patients who Died during 1929, by Sex.*¹

NUMBER OF ADMISSIONS																							
TOTAL.			LESS THAN 1 MONTH.			1-3 MONTHS.			4-7 MONTHS.			8-11 MONTHS.			1 YEAR.		2 YEARS.						
M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.		M. F. T.						
One	.	.	561	500	1,061	118	88	206	100	96	196	59	52	111	45	21	66	63	62	125	27	44	71
Two	.	.	188	200	388	13	15	28	24	16	40	9	13	22	10	14	24	30	13	43	11	9	20
Three	.	.	70	63	133	3	2	5	6	5	11	5	7	12	—	—	—	7	3	10	1	2	3
Four	.	.	26	19	45	1	1	2	2	—	12	—	—	1	1	—	—	1	1	2	1	3	4
Five	.	.	6	17	23	—	—	—	—	—	—	—	—	1	1	1	—	2	1	3	—	2	2
Six	.	.	5	6	11	—	—	—	—	—	—	2	1	3	—	—	—	—	—	—	—	—	—
Seven†	.	.	5	4	9	—	—	—	2	—	2	—	—	—	—	—	—	—	—	—	—	1	1
Total	.	.	861	809	1,670	135	106	241	134	117	251	76	74	150	56	36	92	103	80	183	40	61	101

NUMBER OF ADMISSIONS.																										
3 YEARS.			4 YEARS.			5-9 YEARS.			10-14 YEARS.			15-19 YEARS.			20-24 YEARS.			25-29 YEARS.			30 YEARS AND OVER.					
M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.					
One	.	.	21	20	41	25	26	51	38	52	91	22	22	44	14	7	21	11	5	16	5	3	8	13	2	15
Two	.	.	14	9	23	6	13	19	24	40	64	12	20	32	12	15	27	4	7	11	14	9	23	5	7	12
Three	.	.	4	1	5	1	2	3	12	17	29	8	10	18	2	10	14	5	10	4	2	6	5	6	5	11
Four	.	.	1	1	2	1	1	2	3	7	10	7	1	8	2	2	4	3	5	3	—	3	—	2	1	3
Five	.	.	—	1	1	1	1	1	2	2	5	7	1	1	2	—	3	3	—	—	—	2	2	2	1	—
Six	.	.	—	—	—	—	—	—	1	3	4	2	2	2	—	—	—	—	—	—	—	1	1	—	—	—
Seven†	.	.	—	—	—	—	—	—	3	2	5	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Total	.	.	40	32	72	34	43	77	83	126	209	52	55	107	36	29	65	33	19	52	13	16	29	26	15	41

¹ Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases or transfers. The net time is obtained by subtracting total time out on visit from the total on the books during this admission.

TABLE 138. — *Number of Times Admitted to All Institutions and Net Duration of Hospital Residence during ALL Admissions of Committed Patients who Died during 1929, by Sex.¹*

NUMBER OF ADMISSIONS.																					
	TOTAL.			LESS THAN 1 MONTH.		1-3 MONTHS.		4-7 MONTHS.		8-11 MONTHS.		1 YEAR.		2 YEARS.							
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
One	561	500	1,061	118	88	206	100	96	196	57	51	108	46	23	69	63	61	124	27	43	70
Two	188	200	388	4	7	11	24	13	37	14	8	22	9	16	25	24	11	35	14	13	27
Three	70	63	133	1	—	—	1	3	4	7	2	9	3	4	7	5	3	8	1	2	3
Four	26	19	45	—	—	—	—	—	—	—	—	—	—	2	2	—	—	—	2	1	3
Five	6	17	23	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	—	—	—
Six	5	6	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Seven+	5	4	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	861	809	1,670	123	95	218	125	112	237	78	61	139	58	45	103	94	76	170	44	59	103

NUMBER OF ADMISSIONS.																								
	3 YEARS.			4 YEARS.		5-9 YEARS.		10-14 YEARS.		15-19 YEARS.		20-24 YEARS.		25-29 YEARS.		30 YEARS AND OVER.								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
One	21	21	42	25	26	51	39	52	91	22	22	44	14	7	21	11	5	16	5	3	8	13	2	15
Two	14	10	24	8	10	18	19	38	57	15	19	34	14	18	32	9	11	20	8	10	18	12	16	28
Three	3	—	3	1	2	3	8	12	20	12	9	21	6	6	12	5	7	12	8	4	12	9	9	18
Four	—	—	—	2	—	2	4	5	9	6	4	10	2	3	3	2	1	3	2	1	3	8	2	10
Five	1	1	2	—	1	1	—	2	4	2	2	4	1	2	3	—	2	2	1	—	—	—	4	4
Six	—	—	—	—	1	1	3	1	4	1	1	2	2	1	1	—	—	—	—	2	2	—	—	—
Seven+	—	—	—	—	—	—	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Total	39	32	71	36	40	76	74	114	188	59	58	117	37	38	75	27	26	53	24	20	44	43	33	76

¹Does not include returns from any private hospital except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers. The net time is obtained by subtracting the total time out on visit from the total on the books during all admissions.

TABLE 139.—Causes of Death of All Committed Patients who Died in Hospitals for Mental Diseases, 1929, by Psychoses and Sex.¹

CAUSES OF DEATH.	TOTAL.		SENILE.		WITH CEREBRAL ARTERIO-SCLEROSIS.		GENERAL PARALYSIS.		ALCOHOLIC.		MANIC-DEPRESSIVE.		INVOLUTION-MELAN-CHOLIA.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
<i>Epidemic, Endemic and Infectious Diseases:</i>														
Influenza	8	14	—	4	3	2	—	—	—	—	—	—	1	1
Dysentery	1	1	—	—	—	1	—	—	—	—	—	—	—	2
Erysipelas	2	5	1	1	1	1	—	—	—	—	—	—	—	—
Leptargic encephalitis	—	3	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of the respiratory system	81	79	—	4	3	5	8	1	8	2	9	11	—	1
Tuberculosis of other organs	8	3	—	—	—	—	—	—	—	—	—	—	—	—
Syphilis (non-nervous forms)	8	1	—	—	—	—	—	—	—	—	—	—	—	—
Purulent infection, septicaemia	4	2	—	—	—	1	2	1	1	—	—	—	1	—
Other infectious diseases	—	1	—	—	—	—	—	—	—	—	—	—	—	—
<i>General Diseases not included in Class I:</i>														
Cancer and other malignant tumors	22	32	1	4	2	2	4	—	6	1	1	5	—	1
Tumor (non-cancerous)	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Pellagra	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Diabetes	2	3	—	1	—	—	—	—	—	—	—	—	—	—
Alcoholism (acute or chronic)	4	1	—	—	—	—	—	—	3	1	—	—	—	—
Other general diseases	4	9	—	—	—	1	1	—	—	—	2	2	—	—
<i>Diseases of the Nervous System:</i>														
Tabs dorsalis (locomotor ataxia)	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of the spinal cord	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Cerebral hemorrhage, apoplexy	30	35	1	5	16	17	33	—	4	1	5	1	2	3
General paralysis of the insane	105	25	130	—	—	—	—	105	23	128	—	—	—	—
Other forms of mental disease	2	13	15	—	—	—	—	—	—	—	—	—	—	—
Epilepsy	10	16	26	—	—	—	—	—	—	—	—	—	—	—
Chorea	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of the nervous system	12	13	—	—	1	1	2	—	1	—	—	3	—	1
<i>Diseases of the Circulatory System:</i>														
Pericarditis	1	2	—	1	1	—	1	—	—	—	—	—	—	—
Endocarditis and myocarditis	130	152	22	48	32	23	55	2	8	2	10	6	14	20
Angina pectoris	1	2	—	—	1	—	1	—	—	—	—	—	—	—
Arteriosclerosis	183	174	34	74	112	69	181	—	—	1	—	5	7	12
Other diseases of the circulatory system	6	7	2	2	1	1	2	—	8	—	8	—	2	1

¹Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

TABLE 139.—*Causes of Death of All Committed Patients who Died in Hospitals for Mental Diseases, 1929, by Psychoses and Sex.*¹—Continued.

CAUSES OF DEATH	TOTAL.			SENILE.			WITH CEREBRAL ARTERIO-SCLEROSIS.			GENERAL PARALYSIS.			ALCOHOLIC.			MANIC-DEPRESSIVE.			INVOLUTION MELAN-CHOLIA.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
<i>Diseases of the Respiratory System:</i>																					
Bronchitis	106	119	225	17	46	63	43	30	73	11	2	13	9	1	10	3	9	12	3	6	9
Bronchopneumonia	37	21	58	2	4	6	7	1	8	3	—	3	4	—	4	5	1	6	2	2	2
Lobar pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pleurisy	1	—	2	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Asthma	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of the respiratory system	7	3	10	—	—	—	1	—	1	—	—	—	1	—	1	—	—	—	—	2	2
<i>Diseases of the Digestive System:</i>																					
Ulcer of stomach and duodenum	3	2	5	—	—	—	—	2	2	—	—	—	—	—	—	1	—	1	—	—	—
Diarrhea and enteritis	4	6	10	—	1	1	1	—	1	—	—	—	—	1	1	—	1	—	—	1	1
Hernia and intestinal obstruction	6	4	10	—	—	—	—	—	—	—	1	1	—	—	2	2	—	2	—	—	—
Cirrhosis of liver	4	1	5	—	—	—	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—
Other diseases of liver	2	—	2	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of digestive system (cancer and tuberculosis excepted)	4	1	5	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Non-Veneral Diseases of Genito-Urinary System and Annexa:</i>																					
Nephritis	24	24	48	4	5	9	5	5	10	—	—	—	4	1	5	3	2	5	—	1	1
Other diseases of kidneys and annexa	2	—	2	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of prostate	4	—	4	1	—	1	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—
Other diseases of genito-urinary system	—	2	2	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
<i>Diseases of the Skin and of the Cellular Tissues:</i>																					
Gangrene	3	1	4	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1
Other diseases of skin and annexa	3	3	6	—	1	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
Other diseases not included in Above Groups:	3	3	6	1	1	2	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
<i>External Causes:</i>																					
Suicide	3	6	9	—	1	1	—	—	—	1	—	1	—	—	—	—	1	1	—	2	2
Accidental poisoning	2	1	3	—	—	—	1	—	1	—	1	1	—	—	—	—	—	—	—	—	—
Accidental traumatism	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other external causes	11	13	24	1	3	4	3	1	4	1	1	2	1	—	1	—	1	1	—	1	1
Total.	861	809	1,670	88	206	294	245	165	410	127	32	159	60	13	73	30	62	92	11	28	39

¹Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

TABLE 139. — Causes of Death of All Committed Patients who Died in Hospitals for Mental Diseases, 1929, by Psychoses and Sex.¹ — Continued.

CAUSES OF DEATH.	DEMENTIA PRAECON.			PARANOIA OR PARANOID CONDITIONS.			EPILEPTIC PSYCHOSES.			PSYCHO- NEUROSES AND NEUROSES.			PSYCHOPATHIC PERSONALITY.			MENTAL DEFICIENCY.			ALL OTHER PSYCHOSES.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
<i>Epidemic, Endemic and Infectious Diseases:</i> Influenza Dysentery Erysipelas Lethargic encephalitis Tuberculosis of the respiratory system Tuberculosis of other organs Syphilis (non-nervous forms) Purulent infection, septicaemia Other infectious diseases <i>General Diseases not included in Class I:</i> Cancer and other malignant tumors Tumor (non-cancerous) Pellagra Diabetes Alcoholism (acute or chronic) Other general diseases <i>Diseases of the Nervous System:</i> Tabes dorsalis (locomotor ataxia) Other diseases of the spinal cord Cerebral hemorrhage, apoplexy General paralysis of the insane Other forms of mental disease Epilepsy Chorea Other diseases of the nervous system <i>Diseases of the Circulatory System:</i> Pericarditis Endocarditis and myocarditis Angina pectoris Arteriosclerosis Other diseases of the circulatory system	4	5	9	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	57	45	102	1	1	2	2	3	5	—	—	—	—	—	—	—	—	—	—	—	—
	4	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	7	9	16	—	—	—	1	4	5	—	—	—	—	—	—	—	—	—	—	—	—
	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	6	4	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	9	9	—	—	—	5	10	15	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	2	4	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	35	33	68	2	6	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	13	15	28	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2	1	3	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

¹Does not include returns from any private hospital except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

TABLE 139. — Cause of Death of All Committed Patients who Died in Hospitals for Mental Diseases, 1929, by Psychoses and Sex.1—Concluded.

CAUSES OF DEATH.	DEMENTIA PRAECOX.			PARANOIA OR PARANOID CONDITIONS.			EPILEPTIC PSYCHOSES.			PSYCHO- NEUROSES AND NEUROSES.			PSYCHOPATHIC PERSONALITY.			MENTAL DEFICIENCY.			ALL OTHER PSYCHOSES.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
<i>Diseases of the Respiratory System:</i>																						
Bronchitis	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Bronchopneumonia	6	17	23	—	3	3	4	—	4	—	—	1	1	—	1	—	1	1	9	4	13	
Lobar pneumonia	9	9	18	—	—	—	1	—	1	—	—	1	1	—	1	—	2	3	4	1	5	
Pleurisy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Asthma	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other diseases of the respiratory system	2	—	2	—	—	—	1	1	2	—	—	—	—	—	—	—	—	—	2	—	2	
<i>Diseases of the Digestive System:</i>																						
Ulcer of stomach and duodenum	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Diarrhea and enteritis	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Hernia and intestinal obstruction	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	—	—	—	
Cirrhosis of liver	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other diseases of liver	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	
Other diseases of digestive system (cancer and tuberculosis excepted)	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
<i>Non-Veneral Diseases of Genito-Urinary System and Annexa:</i>																						
Nephritis	2	6	8	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	5	4	9	
Other diseases of kidneys and annexa	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Diseases of prostate	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other diseases of genito-urinary system	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
<i>Diseases of the Skin and of the Cellular Tissues:</i>																						
Gangrene	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	
Other diseases of skin and annexa	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	
Other Diseases not included in Above Groups:	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	
<i>External Causes:</i>																						
Suicide	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	
Accidental poisoning	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	
Accidental traumatism	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	
Other external causes	3	5	8	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	1	1	2	
Total..	166	181	347	4	14	18	20	21	41	1	2	3	2	1	3	19	15	34	88	69	157	

1 Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases, or transfers.

TABLE 140. — *Nativity of All Patients in Residence in Hospitals for Mental Diseases on September 30, 1929, by Citizenship and Sex.*¹

NATIVITY.	TOTAL.		ALIEN.		NATURALIZED.		CITIZENS BY BIRTH.		OTHERS.		UNKNOWN.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.
Africa	3	4	3	—	—	2	2	—	—	—	—	2	2
Australia	3	2	1	1	3	1	2	3	—	—	—	—	—
Austria	93	56	74	42	116	9	5	14	—	—	10	9	19
Belgium	5	2	3	2	5	—	—	—	—	—	2	—	2
Canada ²	682	887	329	461	790	221	218	439	3	3	132	205	337
Central America	1	—	—	—	—	1	—	1	—	—	—	—	—
China	15	—	15	—	15	—	—	—	—	—	—	—	—
Czecho-Slovakia	2	—	—	—	—	1	—	1	—	—	—	—	—
Cuba	2	1	1	1	2	—	—	—	—	—	—	—	—
Denmark	11	7	6	4	10	4	3	7	—	—	—	—	—
England	232	304	108	149	257	86	100	186	—	—	1	—	1
Finland	73	51	53	40	93	12	6	18	—	—	38	54	92
France	14	23	7	18	25	4	4	8	—	—	8	5	13
Germany	103	92	48	47	95	30	30	60	—	—	3	1	4
Greece	82	22	50	17	67	18	1	19	—	—	25	15	40
Holland	2	—	2	—	1	1	—	1	—	—	14	4	18
Hungary	14	7	8	2	10	2	2	4	—	—	4	3	7
India	2	1	—	—	—	2	1	3	—	—	—	—	—
Ireland	684	1,260	290	688	978	252	302	554	9	9	142	261	403
Italy	393	228	251	154	405	83	44	127	—	—	1	59	88
Japan	1	—	1	—	1	—	—	—	—	—	—	—	—
Jugo-Slavia	1	—	—	—	—	1	—	1	—	—	—	—	—
Mexico	2	1	2	1	3	4	9	13	—	—	—	—	—
Norway	15	16	9	5	14	4	—	—	1	1	2	1	3
Philippine Islands	2	—	1	—	1	—	—	—	—	—	—	—	—
Poland	275	181	198	137	335	42	20	62	—	—	35	24	59
Porto Rico	4	—	2	—	2	—	—	—	—	—	—	—	—
Portugal	109	68	90	55	145	10	6	16	—	—	9	7	16
Roumania	9	4	3	2	5	6	2	8	—	—	—	—	—
Russia	430	300	292	198	490	85	45	130	—	—	1	1	1
Scotland	57	91	25	41	66	25	26	51	—	—	53	56	109
South America	4	5	3	4	7	1	1	2	—	—	7	24	31

¹ Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95; or patients in family care under the Department of Mental Diseases.

² Includes Newfoundland.

TABLE 140. — *Nativity of All Patients in Residence in Hospitals for Mental Diseases, on September 30, 1929, By Citizenship and Sex.*¹
Concluded.

NATIVITY.	TOTAL.		ALIEN.		NATURALIZED.		CITIZENS BY BIRTH.		OTHERS.		UNKNOWN.	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Spain	6	1	7	5	1	6	—	—	—	1	—	1
Sweden	105	147	252	49	81	130	40	38	78	15	27	42
Switzerland	6	2	8	5	2	7	—	—	—	1	—	1
Turkey in Asia	28	9	37	17	4	21	3	2	5	8	3	11
Turkey in Europe	16	4	20	11	4	15	3	—	—	2	—	2
United States	6,642	6,207	12,849	—	—	—	—	—	—	—	—	—
Wales	9	9	18	4	6	10	4	2	6	—	1	2
West Indies (except Cuba and Porto Rico)	23	18	41	17	13	30	4	2	6	2	3	5
Other Countries (includes Europe and Asia, not specified)	174	91	265	120	76	196	26	8	34	—	—	—
Unknown	35	25	60	8	2	10	—	2	2	3	5	8
Total	10,368	10,126	20,494	2,111	2,258	4,369	983	882	1,865	6,642	6,207	12,849
										5	22	27
										627	757	1,384

¹ Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95. Does not include patients in family care under the Department of Mental Diseases.

² Includes Newfoundland.

TABLE 141. — *Admission Ages and Present Ages of All Patients in Residence in Hospitals for Mental Diseases on September 30, 1929, by Psychoses and Sex.*

PSYCHOSES.	TOTAL.			UNDER 19 YEARS.						20-29 YEARS.						30-39 YEARS.					
				AGE AT ADMISSION.			PRESENT AGE.			AGE AT ADMISSION.			PRESENT AGE.			AGE AT ADMISSION.			PRESENT AGE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	35	6	41	—	1	1	—	—	—	7	—	7	2	1	3	6	1	7	6	1	7
Scute	199	475	674	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	353	346	699	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	425	105	530	3	—	3	—	3	—	20	4	24	14	—	14	137	35	172	96	25	121
With cerebral syphilis	60	28	88	—	—	—	—	—	—	5	5	5	1	—	1	16	6	22	12	2	14
With Huntington's chorea	8	8	16	—	—	—	—	—	—	1	3	4	1	3	3	1	1	2	1	1	2
With brain tumor	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	118	76	194	24	10	34	15	7	22	16	13	29	20	11	31	26	18	44	24	14	38
Alcoholic	1,046	213	1,259	1	1	2	1	—	1	38*	7	45	14	2	16	233	37	270	78	12	90
Due to drugs and other exogenous toxins	10	10	20	—	—	—	—	—	—	—	2	2	—	1	1	4	1	5	1	1	2
With pellagra	2	3	5	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—	1
With other somatic diseases	53	80	133	—	3	3	—	2	2	7	9	16	4	—	9	14	21	35	14	17	31
Manic-depressive	570	1,045	1,615	10	22	32	5	12	17	75	112	187	53	75	128	119	273	392	78	194	272
Involution melancholia	95	282	377	—	—	—	—	—	—	1	—	1	—	—	—	1	8	9	—	6	6
Dementia praecox	5,334	5,435	10,769	199	126	325	47	29	76	1,900	1,098	2,998	648	363	1,011	2,045	1,840	3,885	1,562	1,071	2,633
Paranoia or paranoid conditions	168	329	497	—	—	—	—	—	—	12	7	19	4	2	6	34	35	69	19	18	37
Epileptic psychoses	565	546	1,111	127	122	249	42	49	91	143	144	287	114	87	201	136	120	256	153	115	268
Psychoses and neuroses	32	65	97	1	3	4	1	2	3	6	10	16	5	7	12	12	22	34	11	16	27
With psychopathic personality	98	77	175	8	6	14	6	6	12	24	10	34	11	9	20	31	16	47	28	15	43
With mental deficiency	748	633	1,381	87	64	151	19	11	30	259	169	428	127	75	202	202	194	396	187	160	353
Undiagnosed psychoses	24	11	35	1	—	—	—	—	—	2	2	4	3	2	5	8	2	10	7	1	8
Without psychoses	9	4	13	1	1	2	1	1	2	3	—	3	3	—	3	1	—	1	1	—	1
No associated condition	13	50	63	3	22	25	3	6	9	5	12	17	3	12	15	2	9	11	3	11	14
Epilepsy	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—	1
Alcoholism	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Drug Addiction	12	2	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychopathic personality	124	85	209	19	13	32	2	2	4	4	1	5	3	1	4	5	—	5	5	—	5
Mental deficiency	11	2	13	2	2	2	2	2	2	37	29	66	21	13	34	31	22	53	32	24	56
Other conditions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	3	3	—	3
Epilepsy with mental deficiency	253	204	457	177	130	307	121	95	216	46	41	87	62	44	106	11	24	35	33	39	72
Diagnosis deferred	2	2	4	—	1	1	—	1	1	—	—	—	—	—	—	1	1	2	1	1	2
Total	10,368	10,126	20,494	663	525	1,188	268	223	491	2,611	1,680	4,291	1,112	717	1,829	3,081	2,686	5,767	2,357	1,750	4,107

*Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95, or patients in family care under the Department of Mental Diseases.

TABLE 141. — Admission Ages and Present Ages of All Patients in Residence in Hospitals for Mental Diseases on September 30, 1929, by Psychoses and Sex. — Continued.

PSYCHOSES.	40-49 YEARS.						50-59 YEARS.						60-69 YEARS.					
	AGE AT ADMISSION.			PRESENT AGE.			AGE AT ADMISSION.			PRESENT AGE.			AGE AT ADMISSION.			PRESENT AGE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	13	1	14	10	1	11	5	3	8	8	2	10	3	—	3	7	1	8
Senile	1	6	7	—	4	4	21	42	63	9	19	28	78	166	244	55	126	181
With cerebral arteriosclerosis	8	12	20	3	4	7	62	72	134	46	50	96	162	128	290	135	125	260
General paralysis	158	30	188	168	30	198	80	27	107	99	26	125	23	7	30	38	20	58
With cerebral syphilis	17	8	25	14	4	18	17	10	20	20	10	30	4	4	8	12	11	23
With Huntington's chorea	4	2	6	4	—	4	1	2	3	2	4	6	1	—	1	1	—	1
With brain tumor	—	1	1	—	1	1	—	2	2	—	2	2	—	—	—	—	—	—
With other brain or nervous diseases	26	13	39	19	9	28	16	18	34	24	26	50	8	3	11	12	7	19
Alcoholic	380	72	452	239	34	273	272	67	339	283	73	356	109	26	135	323	67	390
Due to drugs and other exogenous toxins	5	4	9	5	1	6	—	1	1	3	4	7	1	2	3	1	2	3
With pellagra	1	1	2	1	1	2	—	15	23	2	—	30	—	—	—	—	1	1
With other somatic diseases	11	19	30	8	17	25	8	15	23	13	17	30	8	11	19	8	13	21
Manic-depressive	126	287	413	111	226	337	144	219*	363	136	255	391	87	114	201	125	192	317
Involution melancholia	26	108	134	11	54	65	42	125	167	40	113	153	24	39	63	36	75	111
Dementia praecox	885	1,438	2,323	1,459	1,415	2,874	254	702	956	1,005	1,351	2,356	47	194	241	453	843	1,294
Paranoia or paranoid conditions	51	116	167	36	58	94	48	109	157	53	89	159	22	52	77	33	93	128
Epileptic psychoses	88	89	177	113	127	240	48	43	91	73	89	162	21	26	47	53	59	112
Psychoneuroses and neuroses	8	13	21	7	19	26	5	10	15	6	8	14	3	6	6	2	11	13
With psychopathic personality	18	12	30	20	14	34	14	17	31	18	15	33	3	8	11	15	10	25
With mental deficiency	128	132	260	198	180	378	57	59	116	134	117	251	13	12	25	59	64	123
Undiagnosed psychoses	8	3	11	9	3	12	4	—	4	4	1	5	1	3	4	1	3	4
Without psychoses:																		
No associated condition	2	1	3	2	1	3	2	—	2	2	—	2	—	1	1	—	1	1
Epilepsy	2	1	3	2	2	9	1	2	3	2	7	9	—	2	2	—	2	2
Alcoholism	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Drug addiction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mental deficiency	18	18	36	26	27	53	10	3	13	22	12	34	1	5	5	14	6	20
Other conditions	2	2	4	2	2	4	1	1	1	1	—	1	—	—	—	2	2	2
Epilepsy with mental deficiency	10	7	17	17	17	34	7	2	9	13	8	21	1	—	1	4	—	4
Diagnosis deferred	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Total	1,998	2,396	4,394	2,485	2,258	4,743	1,120	1,553	2,673	2,019	2,317	4,336	624	804	1,428	1,391	1,730	3,121

TABLE 142. — *Average Present Age of Patients in Residence September 30, 1929, by Age at Admission and Sex.*¹

	AGE AT ADMISSION.										TOTAL.			AVERAGE PRESENT AGE.			
											M.	F.	T.	M.	F.	T.	
Under 15 years	.	.	.	.	.	.	.	.	.	.	215	184	399	18.6	19.1	18.8	
15-19 years	.	.	.	.	.	.	.	.	.	.	448	341	789	26.2	26.7	26.4	
20-24 years	.	.	.	.	.	.	.	.	.	.	1,081	662	1,743	33.2	32.3	32.9	
25-29 years	.	.	.	.	.	.	.	.	.	.	1,530	1,018	2,548	37.6	37.4	37.5	
30-34 years	.	.	.	.	.	.	.	.	.	.	1,649	1,285	2,934	42.2	42.8	42.4	
35-39 years	.	.	.	.	.	.	.	.	.	.	1,432	1,491	2,833	46.9	47.1	47.0	
40-44 years	.	.	.	.	.	.	.	.	.	.	1,141	1,267	2,408	50.8	51.7	51.3	
45-49 years	.	.	.	.	.	.	.	.	.	.	857	1,129	1,986	55.5	56.2	55.8	
50-54 years	.	.	.	.	.	.	.	.	.	.	638	946	1,584	59.3	59.8	59.6	
55-59 years	.	.	.	.	.	.	.	.	.	.	482	607	1,089	62.9	64.1	63.5	
60-64 years	.	.	.	.	.	.	.	.	.	.	353	478	831	66.7	67.7	67.3	
65-69 years	.	.	.	.	.	.	.	.	.	.	271	326	597	70.7	71.7	71.2	
70-74 years	.	.	.	.	.	.	.	.	.	.	136	232	368	74.6	75.6	75.3	
75-79 years	.	.	.	.	.	.	.	.	.	.	90	143	233	78.7	80.4	79.4	
80-84 years	.	.	.	.	.	.	.	.	.	.	31	73	104	84.4	84.2	84.2	
85-89 years	.	.	.	.	.	.	.	.	.	.	14	26	40	88.2	88.3	88.3	
90 years and over	.	.	.	.	.	.	.	.	.	.	—	8	8	—	93.0	93.0	
Total	.	.	.	.	.	.	.	.	.	.	10,368	10,126	20,494	46.6	50.5	48.5	

¹Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals, Bedford No. 107 and Northampton No. 95; or patients in family care under the Department.

TABLE 143. — *City or Town and County of Residence of All Cases on Books of State Hospitals for Mental Diseases, on September 30, 1929, by Sex.*¹

COUNTY AND CITY OR TOWN.	Male.	Fe- male.	Total.	COUNTY AND CITY OR TOWN.	Male.	Fe- male.	Total.
<i>Barnstable.</i>				Swansea	5	4	9
Barnstable	16	15	31	Taunton	99	105	204
Bourne	6	1	7	Westport	4	6	10
Brewster	1	1	2	Total	837	833	1,670
Chatham	7	7	14	<i>Dukes.</i>			
Dennis	4	8	12	Chilmark	1	—	1
Eastham	—	1	1	Edgartown	3	1	4
Falmouth	5	13	18	Gay Head	—	—	—
Harwich	3	5	8	Gosnold	1	—	1
Mashpee	2	—	2	Oak Bluffs	4	4	8
Orleans	4	—	4	Tisbury	—	1	1
Provincetown	2	5	7	West Tisbury	—	—	—
Sandwich	3	3	6	Total	9	6	15
Truro	—	2	2	<i>Essex.</i>			
Wellfleet	—	3	3	Amesbury	24	24	48
Yarmouth	5	1	6	Andover	28	32	60
Total	58	65	123	Beverly	45	50	95
<i>Berkshire.</i>				Boxford	3	—	3
Adams	36	34	70	Bradford	—	—	—
Alford	—	—	—	Danvers	24	24	48
Becket	—	1	1	Essex	2	4	6
Cheshire	7	2	9	Georgetown	14	10	24
Clarksburg	1	1	2	Gloucester	66	63	129
Dalton	9	11	20	Groveland	4	6	10
Egremont	—	2	2	Hamilton	3	4	7
Florida	1	—	1	Haverhill	124	111	235
Great Barrington	7	17	24	Ipswich	10	20	30
Hancock	2	1	3	Lawrence	269	214	483
Hinsdale	5	—	5	Lynn	263	253	516
Lanesboro	1	1	2	Lynnfield	2	—	2
Lee	12	11	23	Manchester	3	5	8
Lenox	11	12	23	Marblehead	15	20	35
Monterey	2	3	5	Merrimac	4	2	6
Mt. Washington	—	—	—	Methuen	26	35	61
New Ashford	—	—	—	Middleton	3	4	7
New Marlboro	1	3	4	Nahant	1	5	6
North Adams	70	73	143	Newbury	3	5	8
Otis	1	2	3	Newburyport	60	38	98
Peru	—	—	—	North Andover	10	9	19
Pittsfield	110	101	211	Peabody	60	35	95
Richmond	1	—	1	Rockport	6	14	20
Sandisfield	4	—	4	Rowley	4	3	7
Savoy	1	3	4	Salem	137	129	266
Sheffield	5	7	12	Salisbury	3	3	6
Stockbridge	5	8	13	Saugus	27	30	57
Tyringham	1	1	2	Swampscott	10	7	17
Washington	1	—	1	Topsfield	1	3	4
W. Stockbridge	2	2	4	Wrentham	3	3	6
Williamstown	6	14	20	West Newbury	—	2	2
Windsor	3	1	4	Total	1,257	1,167	2,424
Total	305	311	616	<i>Franklin.</i>			
<i>Bristol.</i>				Ashfield	1	5	6
Acushnet	5	1	6	Barnardston	2	1	3
Attleboro	70	50	120	Buckland	9	2	11
Berkeley	1	1	2	Charlemont	2	3	5
Dartmouth	10	5	15	Colrairie	2	3	5
Dighton	6	4	10	Conway	1	4	5
Easton	12	13	25	Deerfield	9	10	19
Fairhaven	12	19	31	Erving	2	—	2
Fall River	283	318	601	Gill	1	—	1
Freetown	2	2	4	Greenfield	38	24	62
Mansfield	16	24	40	Hawley	—	2	2
New Bedford	261	232	493	Heath	2	—	2
North Attleboro	24	22	46	Leverett	1	—	1
Norton	7	5	12	Lyden	4	1	5
Raynham	6	2	8	Monroe	—	—	—
Rehoboth	3	—	3	Montague	21	20	41
Seekonk	9	14	23				
Somerset	2	6	8				

¹Does not include returns from any private hospitals except McLean, U. S. Veterans' Hospitals, Bedford No. 107 and Northampton No. 95, or patients in family care under the Department of Mental Diseases.

TABLE 143.—City or Town and County of Residence of All Cases on Books of State Hospitals for Mental Diseases, on September 30, 1929, by Sex.¹—Continued.

COUNTY AND CITY OR TOWN.	Male.	Fe- male.	Total.	COUNTY AND CITY OR TOWN.	Male.	Fe- male.	Total.
New Salem . . .	1	—	1	Boxborough . . .	—	—	—
Northfield . . .	3	8	11	Burlington . . .	—	1	1
Orange . . .	12	16	28	Cambridge . . .	352	347	699
Rowe . . .	2	—	2	Carlisle . . .	2	—	2
Shelburne . . .	7	8	15	Chelmsford . . .	14	9	23
Shutesbury . . .	—	1	1	Concord . . .	13	14	27
Sunderland . . .	3	1	4	Dracut . . .	10	16	26
Warwick . . .	1	—	1	Dunstable . . .	1	—	1
Wendell . . .	1	2	3	Everett . . .	88	88	176
Whately . . .	3	2	5	Frammingham . . .	47	59	106
Total . . .	128	113	241	Groton . . .	2	7	9
<i>Hampden.</i>				Holliston . . .	4	11	15
Agawam . . .	7	6	13	Hopkinton . . .	7	6	13
Blandford . . .	1	2	3	Hudson . . .	15	16	31
Brimfield . . .	5	3	8	Lexington . . .	15	9	24
Chester . . .	4	7	11	Lincoln . . .	2	2	4
Chicopee . . .	93	86	179	Littleton . . .	5	4	9
E. Longmeadow . . .	4	2	6	Lowell . . .	287	305	592
Granville . . .	4	1	5	Malden . . .	123	144	267
Hampden . . .	3	6	9	Marlboro . . .	35	39	74
Holland . . .	—	—	—	Maynard . . .	23	12	35
Holyoke . . .	188	185	373	Medford . . .	67	86	153
Longmeadow . . .	3	8	11	Melrose . . .	21	43	64
Ludlow . . .	9	9	18	Natick . . .	27	37	64
Monson . . .	10	10	20	Newton . . .	90	114	204
Montgomery . . .	—	1	1	North Reading . . .	4	7	11
Palmer . . .	30	25	55	Pepperell . . .	5	6	11
Russell . . .	2	1	3	Reading . . .	14	12	26
Southwick . . .	1	3	4	Sherborn . . .	1	6	7
Springfield . . .	358	405	763	Shirley . . .	6	1	7
Tolland . . .	1	1	2	Somerville . . .	198	236	434
Wales . . .	1	1	2	Stoneham . . .	6	20	26
Westfield . . .	59	57	116	Stow . . .	2	2	4
W. Springfield . . .	21	24	45	Sudbury . . .	2	1	3
Wilbraham . . .	4	7	11	Tewksbury . . .	18	18	36
Total . . .	808	850	1,658	Townsend . . .	8	1	9
<i>Hampshire.</i>				Tyngsboro . . .	2	3	5
Amherst . . .	12	25	37	Wakefield . . .	21	28	49
Belchertown . . .	5	10	15	Waltham . . .	98	125	223
Chesterfield . . .	5	—	5	Watertown . . .	42	51	93
Cunningham . . .	4	3	7	Wayland . . .	3	9	12
Easthampton . . .	32	42	74	Westford . . .	3	4	7
Enfield . . .	1	—	1	Weston . . .	2	4	6
Goshen . . .	1	—	1	Wilmington . . .	5	6	11
Granley . . .	2	2	4	Winchester . . .	17	22	39
Greenwich . . .	2	—	2	Woburn . . .	50	49	99
Hadley . . .	17	5	22	Total . . .	1,861	2,117	3,978
Hatfield . . .	7	5	12	<i>Nantucket.</i>			
Huntington . . .	3	4	7	Nantucket . . .	6	6	12
Middlefield . . .	—	—	—	Total . . .	6	6	12
Northampton . . .	69	79	148	<i>Norfolk.</i>			
Pelham . . .	2	3	5	Avon . . .	5	7	12
Plainfield . . .	2	—	2	Bellingham . . .	6	5	11
Prescott . . .	—	2	2	Braintree . . .	19	34	53
Southampton . . .	3	4	7	Brookline . . .	68	104	172
South Hadley . . .	20	18	38	Canton . . .	18	17	35
Ware . . .	24	19	43	Cohasset . . .	5	4	9
Westhampton . . .	—	—	—	Dedham . . .	33	34	67
Williamsburg . . .	7	8	15	Dover . . .	3	—	3
Worthington . . .	1	1	2	Foxboro . . .	26	11	37
Total . . .	219	230	449	Franklin . . .	17	23	40
<i>Middlesex.</i>				Holbrook . . .	5	9	14
Acton . . .	5	7	12	Hyde Park . . .	20	28	48
Arlington . . .	45	63	108	Medfield . . .	1	6	7
Ashley . . .	2	2	4	Medway . . .	8	7	15
Ashland . . .	6	6	12	Millis . . .	5	2	7
Ayer . . .	7	9	16	Milton . . .	16	30	46
Bedford . . .	2	4	6	Needham . . .	20	26	46
Belmont . . .	25	40	65	Norfolk . . .	1	7	8
Billerica . . .	12	6	18	Norwood . . .	24	19	43
				Plainville . . .	3	1	4
				Quincy . . .	100	124	224

¹Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95; or patients in family care under the Department of Mental Diseases.

TABLE 143. — *City or Town and County of Residence of All Cases on Books of State Hospitals for Mental Diseases, on September 30, 1929, by Sex.*¹

COUNTY AND CITY OR TOWN.	Male.	Fe- male.	Total.	COUNTY AND CITY OR TOWN.	Male.	Fe- male.	Total.
Randolph . . .	19	8	27	Grafton . . .	5	11	16
Sharon . . .	4	3	7	Hardwich . . .	11	5	16
Stoughton . . .	27	21	48	Harvard . . .	2	2	4
Walpole . . .	22	15	37	Holden . . .	5	5	10
Wellesley . . .	11	17	28	Hopedale . . .	5	6	11
Westward . . .	1	4	5	Hubbardston . . .	3	2	5
Weymouth . . .	38	29	67	Lancaster . . .	2	9	11
Wrentham . . .	13	18	31	Leicester . . .	10	12	22
Total . . .	538	613	1,151	Leominster . . .	44	44	88
<i>Plymouth.</i>				Lunenburg . . .	1	1	2
Abington . . .	8	13	21	Mendon . . .	—	1	1
Bridgewater . . .	49	34	83	Milford . . .	32	40	72
Brockton . . .	197	139	336	Milbury . . .	17	6	23
Carver . . .	4	1	5	Milville . . .	3	3	6
Duxbury . . .	2	8	10	New Braintree . . .	—	2	2
East Bridgewater . . .	4	3	7	Northboro . . .	8	9	17
Halifax . . .	1	3	4	Northbridge . . .	22	16	38
Hanover . . .	8	6	14	N. Brookfield . . .	8	5	13
Hanson . . .	5	6	11	Oakham . . .	3	—	3
Hingham . . .	15	13	28	Oxford . . .	9	6	15
Hull . . .	4	5	9	Paxton . . .	1	1	2
Kingston . . .	5	3	8	Petersham . . .	1	3	4
Lakeville . . .	1	—	1	Phillipston . . .	1	1	2
Marion . . .	1	4	5	Princeton . . .	1	—	1
Marshfield . . .	6	2	8	Royalston . . .	2	4	6
Mattapoisett . . .	5	2	7	Rutland . . .	4	1	5
Middleboro . . .	21	13	34	Shrewsbury . . .	9	8	17
Norwell . . .	6	4	10	Southboro . . .	5	6	11
Pembroke . . .	5	1	6	Southbridge . . .	35	25	60
Plymouth . . .	32	36	68	Spencer . . .	23	14	37
Plympton . . .	—	2	2	Sterling . . .	—	4	4
Rochester . . .	2	3	5	Sturbridge . . .	—	4	4
Rockland . . .	19	30	49	Sutton . . .	6	4	10
Scituate . . .	3	7	10	Templeton . . .	25	25	50
Wareham . . .	12	11	23	Upton . . .	3	2	5
W. Bridgewater . . .	1	—	1	Uxbridge . . .	18	12	30
Whitman . . .	20	16	36	Warren . . .	8	11	19
Total . . .	436	365	801	Webster . . .	38	18	56
<i>Worcester.</i>				Westboro . . .	16	15	31
Ashburnham . . .	4	7	11	W. Boylston . . .	2	2	4
Athol . . .	18	29	47	W. Brookfield . . .	2	4	6
Ashburn . . .	3	15	18	Westminster . . .	3	6	9
Barre . . .	5	6	11	Winchendon . . .	15	9	24
Berlin . . .	1	2	3	Worcester . . .	569	514	1,083
Blackstone . . .	15	11	26	Total . . .	1,257	1,175	2,432
Bolton . . .	4	4	8	<i>Suffolk.</i>			
Bolyston . . .	—	3	3	Boston . . .	2,781	3,069	5,850
Brookfield . . .	9	5	14	Chelsea . . .	120	105	225
Charlton . . .	8	5	13	Revere . . .	44	54	98
Clinton . . .	30	38	68	Winthrop . . .	29	35	64
Dana . . .	4	2	6	Total . . .	2,974	3,263	6,237
Dudley . . .	5	7	12	Non-Residents . . .	461	84	545
Douglas . . .	7	2	9	Unknown . . .	172	—	72
East Brookfield . . .	2	1	3	Grand Total . . .	11,326	11,198	22,524
Fitchburg . . .	121	106	227				
Gardner . . .	44	54	98				

¹Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95; or patients in family care under the Department of Mental Diseases.

TABLE 144. — *Duration of Present Hospital Admission of All Cases in Residence in Hospitals for Mental Diseases, on September 30, 1929, by Psychoses and Sex*

PSYCHOSES.	TOTAL.		LESS THAN 1 YEAR.		1 YEAR.		2 YEARS.		3 YEARS.		4 YEARS.		5-9 YEARS.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.
Traumatic	35	6	41	6	1	7	—	1	1	2	3	1	4	10
Senile	199	475	674	51	134	185	17	56	13	53	11	30	37	78
Cerebral arteriosclerosis	353	346	699	135	125	260	46	38	21	38	22	26	54	42
General paralysis	425	105	530	159	25	184	50	14	32	12	44	5	39	17
With cerebral syphilis	60	28	88	8	3	11	7	1	4	1	5	2	11	8
With Huntington's chorea	8	8	16	4	—	4	—	1	—	—	—	—	2	5
With brain tumor	—	3	3	3	2	2	—	1	—	—	—	—	—	—
With other brain or nervous diseases	118	76	194	31	16	47	16	6	12	4	16	7	20	16
Alcoholic	1,046	213	1,259	175	25	200	67	10	69	17	86	39	186	40
Due to drugs and other exogenous toxins	10	10	20	2	3	5	—	—	1	2	3	1	2	—
With pellagra	2	3	5	1	—	—	—	—	—	1	—	—	—	2
With other somatic diseases	53	80	133	20	29	49	7	14	4	11	15	4	6	10
Manic-depressive	570	1,045	1,615	148	256	404	44	71	31	63	94	39	118	189
Involution melancholia	95	282	377	26	6	95	13	22	17	21	8	15	22	63
Dementia praecox	5,334	5,435	10,769	489	474	963	316	358	271	345	616	284	275	559
Paranoia or paranoid conditions	168	329	497	28	46	74	16	29	13	21	34	7	38	83
Epileptic psychoses	565	546	1,111	59	41	100	38	30	26	29	55	50	147	108
Psychoneuroses and neuroses	32	65	97	11	16	27	5	16	3	10	13	2	3	8
With psychopathic personality	98	177	275	14	16	30	9	7	8	9	17	7	12	32
With mental deficiency	748	633	1,381	178	74	252	50	34	55	45	100	43	182	145
Undiagnosed psychoses	24	11	35	13	5	18	1	—	2	—	2	—	2	2
Without psychoses	432	348	771	64	47	111	41	21	39	27	66	23	105	95
Diagnosis deferred	2	2	4	—	—	—	—	—	—	1	—	—	—	—
Total	10,368	10,126	20,494	1,522	1,408	2,930	743	722	609	707	1,316	607	2,368	2,215
							1,465					1,186		4,583

¹ Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals, Bedford No. 107 and Northampton No. 95; or patients in family care under the Department of Mental Diseases.

TABLE 144. — *Duration of Present Hospital Admission of All Cases in Residence in Hospitals for Mental Diseases on September 30, 1929, by Psychoses and Sex.*¹ — Continued.

PSYCHOSSES.	10-14 YEARS.			15-19 YEARS.			20-24 YEARS.			25-29 YEARS.			30-34 YEARS.			35-39 YEARS.			40 YEARS AND OVER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	4	1	5	3	—	3	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—
Senile	10	23	33	3	11	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebral arteriosclerosis	11	11	22	—	3	3	—	—	3	1	—	1	—	—	—	—	—	—	—	—	—
General paralysis	14	6	20	6	5	11	2	2	4	1	1	1	—	—	—	—	—	—	—	—	—
With cerebral syphilis	8	9	17	1	2	3	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
With Huntington's chorea.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	7	6	13	4	2	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic	145	41	186	135	33	168	80	20	100	28	3	31	15	9	—	15	9	3	—	3	—
Due to drugs and other exogenous toxins	—	2	2	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	3	3	6	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Manic-depressive	51	111	162	28	74	102	18	35	53	7	16	23	6	7	13	—	1	1	—	3	2
Involution melancholia	6	30	36	4	10	14	2	14	16	1	1	2	—	—	—	—	4	6	—	3	5
Dementia praecox	772	1,030	1,802	559	574	1,133	434	347	781	235	254	489	155	116	271	32	25	57	30	22	52
Paranoia or paranoid conditions	15	35	50	11	21	32	8	22	30	7	12	19	2	2	4	—	—	—	—	—	—
Epileptic psychoses	102	135	237	51	49	100	29	43	72	6	14	20	4	7	11	—	1	—	—	—	—
Psychoneuroses and neuroses	1	5	6	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With psychopathic personality.	6	5	11	3	3	6	3	3	6	2	1	3	1	—	—	1	1	—	1	1	1
With mental deficiency	120	129	249	60	46	106	48	34	82	33	21	54	17	15	32	8	1	9	3	1	1
Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	42	38	80	40	38	78	18	13	31	9	4	13	4	1	5	—	—	—	—	1	1
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	1,317	1,620	2,937	911	883	1,794	648	538	1,186	331	331	662	206	148	354	53	31	84	40	26	66

¹ Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95; or patients in family care under the Department of Mental Diseases.

TABLE 145. — Duration of Present Hospital Admission of All First Admissions in Residence in Hospitals for Mental Diseases on September 30, 1929, by Psychoses and Sex.¹

PSYCHOSES.	TOTAL.		LESS THAN 1 YR.		1 YEAR.		2 YEARS.		3 YEARS.		4 YEARS.		5-9 YEARS.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.
Traumatic	19	5	24	4	1	5	1	1	1	2	1	1	5	5
Senile	156	368	524	46	120	166	12	43	55	11	9	23	27	58
Cerebral arteriosclerosis	255	261	516	102	104	206	27	26	53	16	17	20	41	28
General paralysis	196	58	254	84	13	97	27	10	37	9	26	5	16	7
With cerebral syphilis	26	16	42	6	1	7	3	1	4	2	6	2	3	6
With Huntington's chorea	7	3	10	3	2	3	2	1	1	—	—	—	2	2
With brain tumor	—	2	2	—	2	2	—	—	—	—	—	—	—	—
With other brain or nervous diseases	53	35	88	17	9	26	3	3	6	7	5	2	9	6
Alcoholic	511	70	581	109	11	120	44	5	41	35	12	2	72	15
Due to drugs and other exogenous toxins	3	5	8	—	2	2	—	—	1	1	—	1	—	—
With pella-gra	2	2	4	1	—	1	—	—	—	—	1	—	—	2
With other somatic diseases	31	46	80	15	21	36	3	3	6	2	1	4	3	7
Manic-depressive	169	323	492	50	89	139	15	21	36	7	13	23	30	58
Involution melancholia	63	146	209	20	34	54	5	15	20	4	5	9	12	31
Dementia praecox	1,739	1,584	3,323	159	180	339	111	113	224	84	96	101	367	43
Paranoia or paranoid conditions	62	124	186	12	18	30	9	18	24	10	10	13	17	25
Epileptic psychoses	206	209	415	33	23	56	24	14	38	4	13	7	58	37
Psychoneuroses and neuroses	15	25	40	8	9	17	2	3	5	9	1	2	1	2
With psychopathic personality	39	32	71	6	6	12	3	4	7	1	5	6	15	8
With mental deficiency	279	201	480	32	31	63	16	21	37	23	11	16	63	47
Undiagnosed psychoses	8	3	11	4	2	6	1	—	—	—	—	—	2	1
Without psychoses	238	211	449	42	30	72	22	10	31	24	17	12	60	53
Diagnosis deferred	1	2	3	—	—	—	—	—	—	—	—	—	—	—
Total	4,078	3,734	7,812	753	706	1,459	399	392	791	240	274	514	802	722
							295	303	598		241	477	1,524	

¹ Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95; or patients in family care under the Department of Mental Diseases.

TABLE 145. — *Duration of Present Hospital Admission of All First Admissions in Residence in Hospitals for Mental Diseases on September 30, 1929, by Psychoses and Sex.*¹ — Continued.

	10-14 YEARS.		15-19 YEARS.		20-24 YEARS.		25-29 YEARS.		30-34 YEARS.		35-39 YEARS.		40 YEARS AND OVER.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
PSYCHOSES.														
Traumatic	1	7	2	4	2	7	1	1	—	—	—	—	—	—
Senile	—	12	3	4	—	2	—	—	—	—	—	—	—	—
Cerebral arteriosclerosis	—	8	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	6	4	2	4	—	6	1	1	—	—	—	—	—	—
With cerebral syphilis	6	4	1	2	2	4	—	—	—	—	—	—	—	—
With Huntington's chorea	4	4	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	3	2	3	1	—	—	—	—	—	—	—	—	—	—
Alcoholic	59	11	67	9	47	8	18	3	9	1	1	1	1	1
Due to drugs and other exogenous toxins	—	1	—	—	—	—	—	—	—	—	—	—	—	—
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	1	3	—	—	—	—	—	—	—	—	—	—	—	—
Manic-depressive	10	24	8	26	5	12	3	3	2	1	2	1	1	2
Involution melancholia	4	14	3	12	1	7	1	1	1	3	—	2	1	2
Dementia praecox.	281	255	227	177	141	100	91	55	56	24	10	9	12	10
Paranoia or paranoid conditions	3	10	4	13	2	11	2	6	8	1	2	3	—	—
Epileptic psychoses	31	46	13	20	10	20	1	12	13	1	1	—	—	—
Psychoneuroses and neuroses	—	1	1	1	—	—	—	—	—	—	—	—	—	—
With psychopathic personality	6	3	2	2	1	2	3	1	2	—	—	—	—	—
With mental deficiency	42	30	26	15	25	11	36	18	9	4	3	7	—	1
Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	22	23	19	26	7	9	5	2	7	3	1	4	—	1
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	486	451	380	312	241	185	142	92	77	33	12	11	15	12
	937	692	692	426	426	234	234	110	23	27	27	27	27	27

¹ Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals, Bedford No. 107 and Northampton No. 95; or patients in family care under the Department of Mental Diseases.

TABLE 146. — Duration of Present Hospital Admission of All Readmitted Cases in Residence in Hospitals for Mental Diseases on September 30, 1929, by Psychoses and Sex.¹

PSYCHOSES.	TOTAL.			LESS THAN 1 YEAR			1 YEAR.			2 YEARS.			3 YEARS.			4 YEARS.			5-9 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	16	1	17	2	—	2	2	—	2	—	5	13	—	—	—	2	7	9	5	—	5
Senile	43	107	150	5	14	19	11	22	33	—	19	12	2	13	15	—	—	—	10	20	30
With cerebral arteriosclerosis	98	85	183	33	21	54	18	14	32	—	26	7	5	10	15	5	6	11	13	14	27
General paralysis	229	47	276	75	12	87	52	8	60	—	26	7	23	6	29	18	—	18	23	10	33
With cerebral syphilis	34	12	46	2	2	4	8	1	9	—	5	1	3	1	4	3	—	3	8	2	10
With Huntington's chorea	1	5	6	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	5	5	5
With brain tumor	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	65	41	106	14	7	21	11	7	18	—	13	3	5	4	9	6	5	11	11	10	21
Alcoholic	535	143	678	66	14	80	51	15	66	—	30	6	34	12	46	27	2	29	114	25	139
Due to drugs and other exogenous toxins	7	5	12	2	1	3	1	—	1	—	—	—	—	—	1	—	—	—	2	—	2
With pellagra	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	22	31	53	5	8	13	1	7	8	—	4	4	2	6	8	3	1	4	3	3	6
Manic-depressive	401	722	1,123	98	167	265	50	97	147	—	29	50	24	48	72	26	49	75	88	131	219
Involution melancholia	32	136	168	6	35	41	3	17	20	—	6	12	—	4	4	3	6	9	10	32	42
Dementia praecox	3,595	3,851	7,446	330	294	624	294	219	513	—	211	233	187	241	428	188	174	362	986	952	1,938
Paranoia or paranoid conditions	106	205	311	16	28	44	14	22	36	—	10	16	26	9	15	5	16	21	21	58	79
Epileptic psychoses	359	337	696	26	18	44	28	30	58	—	26	13	17	18	35	37	39	76	89	71	160
Psychonoses and neuroses	17	40	57	3	7	10	8	5	13	—	2	12	7	5	7	2	2	4	2	6	8
With psychopathic personality	59	45	104	8	10	18	8	5	13	—	6	3	9	7	14	6	3	9	17	13	30
With mental deficiency	469	432	901	46	43	89	35	35	68	—	32	27	32	34	66	32	18	50	119	98	217
Undiagnosed psychoses	16	8	24	9	3	12	5	4	9	—	—	—	2	—	2	—	—	—	—	1	1
Without psychoses	185	137	322	22	17	39	16	21	37	—	24	7	15	7	22	6	10	16	45	42	87
Diagnosis deferred	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Total	6,290	6,392	12,682	769	702	1,471	614	526	1,140	448	419	867	369	433	802	371	338	709	1,566	1,493	3,059

¹ Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95; or patients in family care under the Department of Mental Diseases.

TABLE 146. — Duration of Present Hospital Admission of All Readmitted Cases in Residence in Hospitals for Mental Diseases on September 30, 1929, by Psychoses and Sex. — Continued.

	10-14 YEARS.			15-19 YEARS.			20-24 YEARS.			25-29 YEARS.			30-34 YEARS.			35-39 YEARS.			40 YEARS AND OVER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Traumatic	3	1	4	1	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Senile	3	11	14	—	7	7	—	—	5	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	5	3	8	—	3	3	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	8	2	10	4	1	5	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—
With cerebral syphilis	4	5	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With Huntington's chorea.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other brain or nervous diseases	4	4	8	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic	86	30	116	68	24	92	33	12	45	10	3	13	6	—	6	8	—	8	2	—	2
Due to drugs and other exogenous toxins	—	1	1	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other somatic diseases	2	—	2	1	—	1	—	—	—	1	1	2	4	6	10	—	1	1	—	—	—
Manic-depressive	41	87	128	20	43	68	13	23	36	4	13	17	4	—	—	—	2	2	4	2	1
Involution melancholia	2	16	18	1	7	8	—	—	8	—	—	—	—	—	—	—	—	—	—	—	—
Dementia praecox	491	775	1,266	332	397	729	293	247	540	144	179	343	99	92	191	22	16	38	18	12	30
Paranoid or paranoid conditions	12	25	37	7	8	15	6	11	17	5	6	11	1	—	1	—	—	—	—	—	—
Epileptic psychoses	71	89	160	38	29	67	19	23	42	5	2	7	3	5	8	—	—	—	—	—	—
Psychoneuroses and neuroses	1	4	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With psychopathic personality.	—	2	2	1	1	3	2	1	3	1	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	78	99	177	34	31	65	23	23	46	15	12	27	13	12	25	1	1	1	1	1	1
Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8	1	9	2	1	3
Without psychoses	20	15	35	21	12	33	11	4	15	4	2	6	1	—	—	—	—	—	—	—	—
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	831	1,169	2,000	531	571	1,102	407	353	760	189	239	428	129	115	244	41	20	61	25	14	39

¹ Does not include returns from any private hospitals except McLean Hospital, U. S. Veterans' Hospitals Bedford No. 107 and Northampton No. 95; or patients in family care under the Department of Mental Diseases.

As improved (excluding transfers)	26	15	41	6	4	19	11	3	14	9	8	17
As unimproved (excluding transfers)	20	8	28	1	1	2	8	2	10	11	5	16
As not mentally defective	1	1	1	—	1	1	—	—	—	—	—	—
Died	26	15	41	—	2	2	12	6	18	14	7	21
Total	72	39	111	7	8	15	31	11	42	34	20	54
Observation Cases:												
As recovered	—	—	—	—	—	—	—	—	—	—	—	—
As improved (excluding transfers)	—	—	—	—	—	—	—	—	—	—	—	—
As unimproved (excluding transfers)	1	—	1	1	—	1	—	—	—	—	—	—
As not mentally defective	1	—	1	—	—	—	—	—	—	1	—	1
Died	—	—	—	—	—	—	—	—	—	—	—	—
Total	2	—	2	1	—	1	—	—	—	1	—	1
Total cases discharged by transfer during year	2	4	6	1	1	2	1	1	2	—	2	2
Total cases discharged during year	148	104	252	11	20	31	88	42	130	49	42	91
Patients on books September 30, 1929.	2,176	2,187	4,363	454	504	958	1,093	705	1,798	629	978	1,607
Total number of patients actually in Schools Sept. 30, 1929	1,980	1,961	3,941	404	463	867	1,024	654	1,678	552	844	1,396
Averages:												
Daily average population (including patients on escape, visit or parole)	2,162.55	2,168.27	4,330.82	447.25	503.67	950.92	1,105.	701.	1,806.	610.3	963.6	1,573.9
Daily average population (excluding patients on escape, visit or parole)	1,955.8	1,934.77	3,890.57	404.7	455.67	860.37	1,008.	640.	1,648.	543.1	839.1	1,382.2
Rated capacity of Schools	1,993	1,661	3,654	499	367	866	956	542	1,498	538	752	1,290
Number of patients on visit, September 30, 1928.	71	38	109	5	6	11	39	19	58	27	13	40
Number of patients on visit September 30, 1929.	58	50	108	7	11	18	28	14	42	23	25	48
Daily average number of patients on visit during year	86.87	62.30	149.17	13.27	14.30	27.57	49	23	72	24.6	25.0	49.6
Number of patients on parole September 30, 1928	70	146	216	11	28	39	30	40	70	29	78	107
Number of patients on parole September 30, 1929	71	160	231	14	24	38	24	36	60	33	100	133
Daily average number of patients on parole during year	67.63	153.60	221.23	10.83	27.0	37.83	29.	36.	65.	27.8	90.6	118.4
Number of patients on escape September 30, 1928	53	14	67	19	4	23	19	2	21	15	8	23
Number of patients on escape September 30, 1929	67	16	83	29	6	35	17	1	18	21	9	30

¹ In this and all following tables for forms of admission included under regular commitment, voluntary and observation, see page 190 of text.

TABLE 147. — *General Statistics of State Schools for the Mentally Defective, State of Massachusetts.*¹

	ALL STATE SCHOOLS.			BELCHERTOWN.			WALTER E. FERNALD.			WRENTHAM.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Daily average number of patients on escape during year	52.39	17.66	70.05	18.69	6.96	25.65	19	2	21	14.7	8.7	23.4
Support of patient population (exclusive of patients on escape, parole, or visit):												
Supported by the State	1,880	1,880	3,760	392	445	837	966	615	1,581	522	820	1,342
Re-imbursing and Private	84	6	151	12	18	30	42	25	67	30	24	54
Number of patients not mentally defective actually in Schools October 1, 1928:												
Insane	—	—	—	—	—	—	—	—	—	—	—	—
Epileptic	—	—	—	—	—	—	—	—	—	—	—	—
Others	115	72	187	25	26	51	39	10	49	51	36	87
Total	115	72	187	25	26	51	39	10	49	51	36	87
Number of patients not mentally defective I. Q. .75 and over actually in Schools September 30, 1929:												
Insane	—	—	—	—	—	—	—	—	—	—	—	—
Epileptic	—	—	—	—	—	—	—	—	—	—	—	—
Others	90	58	148	24	24	48	32	9	41	34	25	59
Total	90	58	148	24	24	48	32	9	41	34	25	59

¹ For forms of admission included under regular commitment, voluntary and observation see page 190 of text.

TABLE 148. — *Ages of First Admissions to State Schools, 1929, by Nativity, Parentage, and Sex.*¹

AGE GROUPS.	AGGREGATE.			NATIVE BORN.												FOREIGN BORN.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
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				TOTAL.			NATIVE.			FOREIGN.			MIXED.						UNKNOWN.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
Under 5 years . . .	17	7	24	17	7	24	10	2	12	1	2	3	6	3	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

¹Includes mentally defective first admissions only (I. Q. .74 or less).

TABLE 149. — *Ages of All First Admissions to State Schools, 1929, by Mental Status and Sex.*¹

TOTAL — ALL SCHOOLS.																
AGE GROUPS.		TOTAL.		IDIOT.		IMBECILE.		MORON.		NOT MENTALLY DEFECTIVE.						
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
Under 5 years		18	7	25	9	3	12	6	3	8	2	1	3	1	—	1
5-9 years		52	25	77	17	11	28	21	7	28	13	7	20	1	—	1
10-14 years		60	31	91	6	6	12	13	12	25	38	16	54	3	—	3
15-19 years		20	31	51	1	1	2	4	6	10	13	22	35	2	2	4
20-24 years		6	16	22	—	1	1	2	4	6	4	10	14	—	1	1
25-29 years		1	5	6	—	—	—	—	1	1	1	4	5	—	—	—
30-34 years		—	3	3	—	—	—	—	1	1	—	2	2	—	—	—
35-39 years		—	1	1	—	—	—	—	—	—	—	2	1	—	—	—
40 years and over		—	1	1	—	—	—	—	1	1	—	—	—	—	—	—
Total		157	123	280	33	22	55	46	35	81	71	63	134	7	3	10

¹Idiot, I. Q. under .24; Imbecile, I. Q. .25-.49; Moron, I. Q. .50-.74, not mentally defective .75 or over.

TABLE 150. — *Environment of First Admissions to State Schools, 1929, by Mental Status and Sex.*¹

TOTAL -- ALL SCHOOLS.									
MENTAL STATUS	TOTAL.			URBAN.			RURAL.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	33	22	55	31	20	51	2	2	4
Imbecile	46	35	81	45	35	80	1	—	1
Moron	71	63	134	66	59	125	5	4	9
Total	150	120	270	142	114	256	8	6	14

¹Includes mentally defective first admissions only (I. Q. .74 or less). Idiot, I. Q. under .24; Imbecile, I. Q. .25-.49; Moron, I. Q. .50-.74.

TABLE 153. — *Ages of All Readmissions to State Schools, 1929, by Mental Status and Sex.*¹

AGE GROUPS.	TOTAL — ALL SCHOOLS.											
	TOTAL.			IDIOT.			IMBECILE.			MORON.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	—	—	—	—	—	—	—	—	—	—	—	—
5-9 years	2	—	2	—	—	—	1	—	—	—	—	—
10-14 years	4	2	6	—	—	—	2	2	4	1	—	1
15-19 years	—	3	3	1	—	—	1	1	2	2	2	—
20-24 years	4	1	5	—	—	—	2	—	—	1	—	—
25-29 years	1	1	2	—	—	—	—	1	1	—	—	2
30-34 years	—	1	1	—	—	—	—	1	1	—	—	—
35 years and over	—	1	1	—	—	—	—	—	—	1	—	—
Total	15	9	24	2	—	2	6	5	11	5	3	8

¹ Includes previous admissions to Schools for Mentally Defective only. Idiot, I. Q. under .24; Imbecile, I. Q. .25-.49; Moron, I. Q. .50-.74; Not Mentally Defective, .75 or over.TABLE 154. — *Ages of All Patients Discharged from State Schools, 1929, by Mental Status and Sex.*¹

AGE GROUPS.	TOTAL — ALL SCHOOLS.											
	TOTAL.			IDIOT.			IMBECILE.			MORON.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	2	—	2	1	—	1	—	—	—	—	—	—
5-9 years	5	2	7	1	—	1	2	1	3	2	1	3
10-14 years	21	7	28	1	3	4	8	3	11	9	2	11
15-19 years	45	18	63	2	—	2	9	5	14	28	8	36
20-24 years	21	20	41	1	—	1	5	6	11	12	11	23
25-29 years	14	8	22	3	—	3	4	4	8	2	4	11
30-34 years	2	10	12	—	—	—	—	2	2	2	5	7
35-39 years	—	8	8	—	—	—	—	2	2	—	6	6
40-44 years	—	1	1	—	—	—	—	—	—	—	1	1
45-49 years	—	2	2	—	—	—	—	1	1	—	—	—
50 years and over	—	—	—	—	—	—	—	—	—	—	—	—
Total	110	76	186	9	2	11	28	24	52	60	39	99

¹ Includes all Discharges from State Schools. Idiot, I. Q. under .24; Imbecile, I. Q. .25-.49; Moron, I. Q. .50-.74; Not Mentally Defective, I. Q. .75 and over.

TABLE 155. — Total Number of Times Out on Visit during THIS Admission of All Patients Discharged from State Schools, 1929, by School and Sex.¹

STATE SCHOOLS.		NUMBER OF TIMES OUT ON VISIT.																	
		TOTAL DISCHARGED.	NONE.			ONE.		TWO.		THREE.		FOUR.							
			M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.					
Belchertown	.	9	13	22	4	3	7	2	2	4	2	1	3	—	1	1	—	3	3
Walter E. Fernald	.	8	33	101	9	7	16	13	5	18	4	4	8	15	6	21	6	1	7
Wrentham	.	33	30	63	6	4	10	9	11	20	4	5	9	10	4	14	3	1	4
Total	.	110	76	186	19	14	33	24	18	42	10	10	20	25	11	36	9	5	14

STATE SCHOOLS.		NUMBER OF TIMES OUT ON VISIT.																	
		FIVE.	SIX.	SEVEN.		EIGHT.		NINE.		TEN.		ELEVEN PLUS							
				M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.				
Belchertown	.	—	2	2	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—
Walter E. Fernald	.	7	2	9	3	1	4	4	8	3	—	3	—	—	1	1	3	—	3
Wrentham	.	1	1	2	—	2	2	—	—	—	2	2	—	—	—	—	—	—	—
Total	.	8	5	13	3	4	7	5	4	9	3	2	5	—	1	1	3	—	3

¹Includes all Discharges irrespective of I. Q.

TABLE 156. — Average Time on Books and Time Spent Out of All Patients Discharged from State Schools, 1929, by School and Sex.¹

	AVERAGE TIME ON BOOKS.			AVERAGE TIME SPENT OUT.			AVERAGE NET TIME IN YEARS WITHIN INSTITUTIONS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown	1.81	4.81	3.58	.40	1.52	1.06	1.41	3.29	2.52
Walter E. Fernald	6.81	8.38	7.32	2.32	1.36	2.00	4.49	7.02	5.00
Wrentham	5.56	8.50	6.96	1.27	2.10	1.67	4.00	6.40	5.29
Total	6.03	7.81	6.76	1.85	1.68	1.78	4.18	6.13	4.98

¹Includes all Discharges irrespective of I. Q.TABLE 157. — Ages of All Patients who Died in State Schools, 1929, by Mental Status and Sex.¹

	TOTAL — ALL SCHOOLS											
	TOTAL.			Idiot.			IMBECILE.			MORON.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	6	2	8	4	2	6	2	—	2	—	—	—
5-9 years	6	4	10	6	4	10	—	—	—	—	—	—
10-14 years	6	1	7	3	—	3	2	1	3	1	—	1
15-19 years	4	6	10	3	3	6	—	3	3	1	—	1
20-24 years	6	4	10	5	2	7	1	1	2	1	1	1
25-29 years	—	3	3	—	1	1	—	1	1	—	1	1
30-34 years	1	1	2	—	1	1	—	—	—	—	—	—
35-39 years	—	1	1	—	—	—	—	—	—	—	—	—
40-44 years	5	—	5	2	—	2	3	—	3	—	—	—
45-49 years	2	—	2	—	—	—	2	—	2	—	—	—
50-54 years	—	1	1	—	1	1	—	—	—	—	—	—
55-59 years	—	1	1	—	—	—	—	1	1	—	—	—
60 years and over	—	—	—	—	—	—	—	—	—	—	—	—
Total	36	24	60	23	14	37	11	7	18	2	3	5
Average Age	18.5	21.1	19.5	15.	17.6	16.	28.	24.	26.	15.	29.1	23.5

¹No patients who were not mentally defective died Idiot. I. Q. under .24; Imbecile, I. Q. .25-.49; Moron, I. Q. .50-.74.

TABLE 158. — Causes of Death of All Patients Who Died in State Schools, 1929, by Mental Status and Sex.¹

CAUSES OF DEATH.	TOTAL — ALL SCHOOLS.									
	TOTAL.			IDIOT.			IMBECILE.			MORON.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	
<i>All Causes.</i>										
<i>Epidemic, endemic and infectious diseases:</i>										
Influenza	2	4	6	1	4	5	—	—	—	1
Tuberculosis of respiratory system	5	6	11	3	2	5	2	4	6	—
Other forms of tuberculosis	2	1	3	1	1	2	1	—	—	—
Dysentery	1	—	1	1	—	1	—	—	—	—
<i>General diseases not included in Class I above:</i>										
Other general diseases	2	1	3	1	1	2	—	—	—	1
<i>Diseases of the Nervous System and of the Organs of Special Sense:</i>										
Cerebral hemorrhage, apoplexy	1	—	1	1	—	1	—	—	—	—
Epilepsy	5	1	6	4	1	5	1	—	1	—
<i>Diseases of the Circulatory System:</i>										
Endocarditis and myocarditis	1	1	2	—	—	—	1	—	1	1
<i>Diseases of the Respiratory System:</i>										
Bronchopneumonia	6	4	10	5	4	9	1	—	1	—
Lobar pneumonia	3	2	5	1	1	2	2	—	2	1
<i>Diseases of the Digestive System:</i>										
Diarrhea and enteritis	—	1	1	—	—	—	—	1	1	—
Hernia and intestinal obstruction	3	—	3	2	—	2	1	—	1	—
Other diseases of the digestive system (cancer and tuberculosis excepted)	1	—	1	—	—	—	1	—	1	—
<i>Non-Veneral Diseases of the Genito-Urinary System and Anæmia:</i>										
Nephritis	1	3	4	—	—	—	1	2	3	1
<i>Diseases of the Bones and of the Organs of Locomotion:</i>										
Malformations	3	—	3	3	—	3	—	—	—	—
Total — All Causes	36	24	60	23	14	37	11	7	18	2
										3
										5

¹Idiot, I. Q. under .24; Imbecile, I. Q. .25-.49; Moron, I. Q. .50-.74. No patients who were not mentally defective died.

TABLE 159. — *Duration of School Residence during THIS Admission of All Patients Dying in State Schools, 1929, by Mental Status and Sex.*¹

	TOTAL — ALL SCHOOLS.											
	DURATION OF SCHOOL RESIDENCE.			TOTAL.			IDIOT.			IMBECILE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 year	6	3	9	4	3	7	2	—	2	—	—	—
1 year	5	1	6	4	1	5	1	—	1	—	—	—
2 years	2	2	4	2	2	4	—	—	—	—	—	—
3 years	4	3	7	3	—	3	1	3	4	—	—	—
4 years	4	3	7	2	3	5	—	—	—	—	—	—
5-9 years	3	7	10	3	3	6	—	—	—	—	—	—
10-14 years	2	3	5	1	2	3	1	1	2	3	1	1
15-19 years	4	1	5	3	1	4	1	—	1	—	—	—
20-24 years	2	—	2	1	—	1	—	—	—	—	—	—
25-29 years	2	—	2	—	—	—	—	—	—	—	—	—
30-34 years	1	—	1	—	—	—	—	—	—	—	—	—
35-39 years	2	—	2	—	—	—	—	—	—	—	—	—
40 years and over	1	—	1	—	—	—	—	—	—	—	—	—
Total	36	24	60	23	14	37	11	7	18	2	3	5

¹No patients who were not mentally defective died. Idiot, I. Q. under .24; Imbecile, I. Q. .25-.49; Moron, I. Q. .50-.74.

TABLE 160. — *Duration of School Residence During ALL Admissions of All Patients Dying in State Schools, 1929, by Mental Status and Sex.*¹

	TOTAL — ALL SCHOOLS.											
	TOTAL.			IDIOT.			IMBECILE.			MORON.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 year	5	3	8	3	3	6	2	—	2	—	—	—
1 year	4	1	5	3	1	4	1	—	1	—	—	—
2 years	3	2	5	3	2	5	—	—	—	—	—	—
3 years	5	2	7	4	—	4	1	2	3	—	—	—
4 years	4	2	6	2	1	3	—	—	—	2	1	3
5-9 years	2	4	6	2	2	4	—	—	—	—	—	—
10-14 years	3	5	8	2	2	4	1	1	2	—	—	—
15-19 years	3	3	6	3	1	4	1	1	2	—	—	—
20-24 years	4	1	5	3	1	4	1	1	2	—	—	—
25-29 years	2	2	4	1	—	1	—	—	—	—	—	—
30-34 years	1	—	1	—	—	—	—	—	—	—	—	—
35-39 years	2	—	2	—	—	—	—	—	—	—	—	—
40 years and over	1	2	3	—	—	—	1	1	2	—	—	—
Total	36	24	60	23	14	37	11	7	18	2	3	5
Average length of residence	9.7	10.6	10.0	6.5	9.3	7.6	17.0	14.4	16.0	4.5	6.5	5.7

¹No patients who were not mentally defective died. Idiot, I. Q. under 24; Imbecile, I. Q. .25-49; Moron, I. Q. .50-.74.

TABLE 161. — Admission Ages of All Patients Resident in State Schools for the Mentally Defective on September 30, 1929,
by Nativity, Parentage and Sex.¹

AGE GROUPS.	NATIVE BORN.										FOREIGN BORN.		NATIVITY UNKNOWN.											
	AGGREGATE.			TOTAL.			PARENTAGE.			UNKNOWN.														
							FOREIGN.	MIXED.																
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.		M.	F.	T.								
Under 5 years	101	56	157	100	56	156	42	24	66	23	17	40	32	15	47	3	—	3	—	—	1	—	1	
5-9 years	669	369	1,038	648	359	1,007	276	117	393	189	128	317	164	104	268	19	10	29	13	5	18	8	5	13
10-14 years	686	555	1,241	649	527	1,176	254	187	441	197	174	371	162	139	301	36	27	63	26	26	52	11	2	13
15-19 years	321	449	770	299	421	720	118	155	273	77	106	183	78	118	196	26	42	68	17	25	42	5	3	8
20-24 years	91	248	339	87	225	312	38	73	111	21	49	70	22	69	91	6	34	40	1	22	26	1	1	1
25-29 years	54	118	172	48	105	153	17	38	55	10	28	38	20	30	50	9	10	6	11	17	—	2	2	2
30-34 years	18	79	97	16	68	84	8	34	42	2	16	18	5	15	20	1	3	4	2	10	12	—	1	1
35-39 years	20	46	66	19	36	55	12	17	29	3	3	6	4	12	16	—	4	4	1	9	10	—	1	1
40-44 years	9	19	28	9	16	25	6	10	16	1	2	3	2	3	5	—	1	1	—	3	3	—	—	—
45-49 years	6	9	15	6	8	14	—	4	4	2	1	3	3	3	6	—	—	—	—	1	1	—	—	—
50-54 years	2	8	10	1	7	8	—	3	3	1	1	2	1	4	4	—	—	—	—	1	1	2	—	—
55-59 years	3	4	7	3	3	6	—	2	3	1	—	2	1	—	—	—	—	—	—	1	1	1	—	—
60 years and over	—	1	1	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	1,980	1,961	3,941	1,885	1,832	3,717	772	665	1,437	527	525	1,052	493	512	1,005	93	130	223	70	114	184	25	15	40

¹ Includes all patients in residence, irrespective of mental status.

TABLE 162. — Admission Ages of Patients Resident in State Schools on September 30, 1929, by Duration of School Residence during This Admission and Sex.¹

AGE GROUPS.		ALL SCHOOLS.																				
		TIME SPENT IN INSTITUTION FOR THE MENTALLY DEFECTIVE.																				
		TOTAL.	0-5 MONTHS.			6-11 MONTHS.			1 YEAR.			2 YEARS.			3 YEARS.			4 YEARS.				
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
Under 5 years	.	101	56	157	12	4	16	4	1	5	8	4	12	6	4	10	5	5	10	8	6	14
5-9 years	.	669	369	1,038	37	15	52	16	8	24	83	23	106	47	21	68	46	24	70	40	32	72
10-14 years	.	686	555	1,241	26	17	43	32	19	51	78	27	115	52	38	100	42	29	71	40	46	86
15-19 years	.	321	449	770	8	18	26	12	17	29	59	28	87	18	38	56	22	35	57	13	46	59
20-24 years	.	91	248	339	4	7	11	4	10	14	11	13	24	4	17	21	1	10	11	7	18	25
25-29 years	.	54	118	172	1	4	5	—	2	2	7	10	17	4	5	9	2	4	6	3	10	13
30-34 years	.	18	79	97	—	3	3	—	1	1	2	2	4	—	10	10	—	4	4	—	8	8
35-39 years	.	20	46	66	—	1	1	—	1	1	3	4	7	1	3	4	—	6	6	2	3	5
40-44 years	.	9	19	28	—	—	—	—	1	1	1	1	2	1	—	1	1	2	3	—	—	—
45-49 years	.	6	9	15	—	—	—	—	—	—	1	1	2	1	—	1	—	1	—	—	—	—
50-54 years	.	2	8	10	—	—	—	—	—	—	1	—	1	1	—	1	—	1	1	—	—	—
55-59 years	.	3	4	7	—	—	—	—	—	—	1	—	1	1	—	1	—	1	1	—	1	1
60 years and over	.	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	.	1,980	1,961	3,941	88	69	157	68	60	128	255	123	378	146	136	282	119	121	240	113	170	283

¹Includes all patients in residence, irrespective of mental status.

TABLE 162. — Admission Ages of Patients Resident in State Schools on September 30, 1929, by Duration of School Residence during This Admission and Sex.¹ — Concluded.

AGE GROUPS.		ALL SCHOOLS.																	
		TIME SPENT IN INSTITUTION FOR THE MENTALLY DEFECTIVE.																	
		5-9 YEARS.		10-14 YEARS.		15-19 YEARS.		20-24 YEARS.		25-29 YEARS.		30-34 YEARS.		35-39 YEARS.		40 YEARS PLUS			
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	.	28	16	44	17	10	27	8	3	11	3	3	6	1	1	1	1	1	1
5-9 years	.	194	111	305	100	65	165	49	30	79	27	16	43	7	8	15	6	6	12
10-14 years	.	209	207	416	75	86	161	39	44	83	38	16	54	21	5	15	5	5	12
15-19 years	.	91	138	229	32	42	74	19	52	71	23	16	39	10	7	28	2	2	12
20-24 years	.	41	84	125	3	42	45	4	34	38	6	7	13	1	3	4	2	4	6
25-29 years	.	27	55	82	4	8	12	3	14	17	1	3	4	1	1	2	2	2	4
30-34 years	.	11	35	46	3	5	8	—	8	8	1	2	3	1	1	2	—	—	—
35-39 years	.	11	20	31	1	5	6	2	2	4	—	—	—	—	—	—	—	—	—
40-44 years	.	5	9	14	1	2	3	—	4	4	—	—	—	—	—	—	—	—	—
45-49 years	.	4	6	10	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—
50-54 years	.	—	2	6	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
55-59 years	.	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
60 years and over	.	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	.	622	690	1,312	236	267	503	124	192	316	99	63	162	43	25	68	32	19	51
														22	15	37	13	11	24

¹Includes all patients in residence irrespective of mental status.

TABLE 163. — *Mental Status of All Cases in Residence in State Schools for the Mentally Defective on September 30, 1929, by School and Sex.*¹

MENTAL STATUS.														
			TOTAL.			BELCHERTOWN.			WALTER E. FERNALD.			WRENTHAM.		
			M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
			400	321	721	68	62	130	225	145	370	107	114	221
Idiot.	.	.	745	705	1,450	142	161	303	399	265	664	204	279	483
Imbecile	.	.	745	877	1,622	170	216	386	368	235	603	207	426	633
Moron	.	.	90	58	148	24	24	48	32	9	41	34	25	59
Not mentally defective	.	.												
Total	.	.	1,980	1,961	3,941	404	463	867	1,024	654	1,678	552	844	1,396
Average I. Q.	.	.	.43	.44	.44	.45	.47	.46	.42	.40	.41	.43	.47	.45

¹Idiot, I. Q. under .24; Imbecile, I. Q. .25-.49; Moron, I. Q. .50-.74. Not mentally defective, I. Q. .75 or over.

TABLE 165. — *Present Age of All Patients in Residence in State Schools for the Mentally Defective on September 30, 1929, by Intelligence Quotient and Sex.*¹

PRESENT AGE.	INTELLIGENCE QUOTIENT.											
	TOTAL.		I. Q. 0-99.		I. Q. 10-19.		I. Q. 20-29.		I. Q. 30-39.		I. Q. 40-49.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 5 years	20	6	—	—	4	—	5	2	5	3	1	—
5-9 years	168	80	9	7	30	17	26	13	24	12	20	10
10-14 years	451	232	18	12	43	23	46	35	49	33	39	31
15-19 years	507	411	20	19	37	21	58	34	55	43	76	67
20-24 years	301	420	13	20	35	24	59	34	45	43	59	69
25-29 years	173	261	15	7	19	14	33	17	33	30	40	46
30-34 years	122	201	2	9	15	11	26	14	30	23	27	44
35-39 years	88	141	2	1	8	14	22	19	18	18	29	32
40-44 years	57	98	—	3	8	3	11	13	17	17	8	25
45-49 years	50	43	3	3	5	3	8	6	16	8	9	13
50-54 years	25	35	1	1	4	2	1	1	4	4	3	7
55-59 years	17	16	—	1	2	2	—	2	—	—	—	1
60-64 years	1	11	—	—	—	2	1	2	—	—	—	—
65 years and over	—	6	—	—	—	—	—	1	—	1	—	4
Total	1,980	1,961	82	86	210	136	233	195	302	253	318	356
Present average age	21.1	25.0	20.0	23.2	21.0	23.5	23.5	24.2	22.5	29.1	24.1	27.7
		23.0	21.6		22.0		23.8		25.5		26.0	

¹ Includes all patients in residence, irrespective of mental status.

DIRECTORY OF INSTITUTIONS.

1. Public Institutions:
 - (a) Hospitals for Mental Diseases.
 - (b) State Schools for Mental Defectives.
2. Private Institutions:
 - (a) For Mental and Nervous Diseases.
 - (b) For persons Addicted to the Intemperate Use of Narcotics or Stimulants.
 - (c) For Mental Defectives.
 - (d) For Epileptics.

PUBLIC INSTITUTIONS.

HOSPITALS FOR MENTAL DISEASES.

BOSTON PSYCHOPATHIC HOSPITAL (opened 1912 as a Department of the Boston State Hospital. Became a separate hospital December 1, 1920):—

Trustees: William Healy, M.D., Boston, chairman; Channing Frothingham, Jr., M.D., Boston; Carrie Felch, M.D., Boston; Allen W. Rowe, Ph.D., Boston; Mrs. Esther M. Andrews, Brookline; Mr. Charles F. Rowley, Boston; Hon. William J. Sullivan, South Boston.

Trustees' meeting: Second Thursday of each month.

Medical Director: C. Macfie Campbell, M.D.

Chief Executive Officer: Arthur N. Ball, M.D.

Chief Medical Officer: Karl M. Bowman, M.D.

Senior Physicians: John P. Powers, M.D.; Gaylord P. Coon, M.D.; Harry C. Solomon, M.D.; G. Philip Grabfield, M.D.; Oscar J. Raeder, M.D.; Whitman K. Coffin, M.D.

Assistant Physicians: Paul E. Tivnan, M.D.; Douglas A. Noble, M.D.; W. Clifford Scott, M.D.; Samuel H. Epstein, M.D.; Mary Palmer, M.D.; Charles B. Sullivan, M.D.; Gilbert J. Rich, M.D.; Geoffrey N. Paterson Smyth, M.D.

Internes: Helen C. Coyle, M.D.; Leon J. Saul, M.D.

Dentist: Peter J. Dalton.

Head Social Worker: Esther C. Cook.

Head Occupational Therapist: Ethelwyn F. Humphrey.

Principal of School of Nursing: Mary Fitzgerald.

Principal Bookkeeper and Treasurer: Elizabeth Libber.

Staff Meetings: Every day, except Saturday.

Visiting days: Every day, 2 to 4 P. M., and 6 to 7 P. M.

Location: 74 Fenwood Road, near corner of Brookline Avenue.

BOSTON STATE HOSPITAL (opened 1839):—

Trustees: Henry Lefavour, Boston, chairman; Mrs. Katherine G. Devine, Milton, secretary; Charles B. Frothingham, M.D., Lynn; Mrs. Edna W. Dreyfus, Brookline; J. Waldo Pond, Boston; Albert Evans, M.D., Boston; John A. Kiggen, Hyde Park.

Regular meetings: Third Monday of each month.

Superintendent: James V. May, M.D.

Assistant Superintendent: Herbert E. Herrin, M. D.

Senior Physicians: Mary E. Gill Noble, M.D.; Edmund M. Pease, M.D.; Geneva Tryon, M.D.; Gerald F. Houser, M.D.; Ilse R. Lauber, M.D.; 2 vacancies.

Assistant Physicians: Dorothy H. Read, M.D.; Frederick LeDrew, M.D.; Leslie H. Leighton, M.D.; James M. Montgomery, M.D.; Alberta S. B. Guibord, M.D. (School Clinic).

Pathologist: Naomi Raskin, M.D.

Dentist: George S. Rileigh, D.M.D.

Steward: Arthur E. Gilman.

Treasurer: Adeline J. Leary.

Visiting days: 2 to 4 P.M. daily.

Staff meetings are held four times a week.

Location: East Group, Harvard Street, Dorchester, near Blue Hill Avenue;
West Group, Walk Hill Street, Dorchester: Post Office, Dorchester Center.

BRIDGEWATER STATE HOSPITAL (opened 1886, 1895): —

Post Office, State Farm. Railroad Station, Titicut (New York, New Haven & Hartford).

Supervision of Department of Correction: Sanford Bates, Commissioner.

Medical Director: William T. Hanson, M.D.

First Assistant: George H. Maxfield, M.D.

Assistant Physicians: Abraham L. Schwartz, M.D.; Simon Sieger, M.D.

Visiting Days: For relatives or friends of patients, every day; For General Public, every day with the exception of Sundays and holidays.

Staff Meetings: Daily, at 9:30 A.M.

Location: One-quarter mile from railroad.

DANVERS STATE HOSPITAL (opened 1878): —

Post Office, Hathorne; railroad station, Danvers (Boston & Maine).

Trustees: S. Herbert Wilkins, chairman, Salem; James F. Ingraham, Peabody; Arthur C. Nason, M.D., Newburyport; William W. Laws, Beverly; Anna P. Marsh, Danvers; Annie T. Flagg, Andover; Albion L. Danforth, Winchester.

Regular meeting: Second Thursday of each month.

Superintendent: Clarence A. Bonner, M.D.

Assistant Superintendent: Edgar C. Yerbury, M.D.

Assistant Physicians: Dupre M. Hall, M.D.; Romeo J. Lapierre, M.D.; H. L. Clow, M.D.; John R. Lanier, M.D.; Elmer Warner, M.D.; Salomon Gagnon, M.D.; Oliver Pippy, M.D.

Resident Dentist: Charles H. Endee, D.D.S.

Treasurer: Miss Gladys Leach.

Steward: Adam D. Smith.

Visiting days: Every day.

Staff meeting: Daily, 8:00 A.M.

Location: Maple and Newbury Streets, Danvers, two and one-half miles from railroad station.

FOXBOROUGH STATE HOSPITAL (opened 1893). Devoted exclusively to the care of the insane since June 1, 1914): —

Trustees: Charles A. Littlefield, Lynn, chairman; Bennet B. Bristol, Foxborough, secretary; Mrs. Claire H. Gurney, Wollaston; Mrs. Minna R. Mulligan, Natick; Thomas J. Scanlan, M.D., Boston; William H. Bannon, Foxborough; Horace A. Keith, Brockton.

Regular meeting: Second Wednesday of each month.

Superintendent: Roderick B. Dexter, M.D.

Assistant Superintendent: Vacant.

Senior Physicians: Cornelia B. J. Schorer, M.D.; George A. Gaunt, M.D.; David Rothschild, M.D. (Pathologist).

Assistant Physicians: Raymond A. Johnson, M.D.

Treasurer: Harriett S. Bayley.

Steward: Howard F. Irish.

Visiting Days: Every day from 9 to 11 A.M. and 2 to 4 P.M.

Staff meetings: Daily, except Sundays and holidays at 8:30 A.M.

Location: One mile north of Foxborough Center.

GARDNER STATE COLONY (opened 1902): —

Post Office, East Gardner, Mass.; railroad station, East Gardner, Mass.

Trustees: Frederick A. Washburn, M.D., Boston, chairman; Mrs. Amie H. Coes, Worcester, secretary; Owen A. Hoban, Gardner; George A. Marshall, Fitchburg; Miss Grace Nichols, Boston; Thomas R. P. Gibb, Rockport; Thomas H. Shea, Fitchburg.

Regular meetings: First Friday occurring on or after the fourth day of each month.

Superintendent: Charles E. Thompson, M.D.

Assistant Superintendent: Lonnie O. Farrar, M.D.

Senior Assistant Physician: Frederick P. Moore, M.D.

Assistant Physicians: Harold K. Marshall, M.D.; Mary Danforth, M.D.; William A. Hunter, M. D.

Dentist: J. Herbert Maycock, D.D.S.

Treasurer: Gertrude W. Perry.

Steward: Myron L. Marr.

Visiting days: Every day at any hour, including Sundays and holidays.

Staff meetings: Daily, 8-9 A.M.

Location: East Gardner, two minutes' walk from East Gardner railroad station.

GRAFTON STATE HOSPITAL, formerly Worcester State Asylum (opened 1877): —

Trustees: Frank B. Hall, Worcester, chairman; Margaret A. Cashman, Newburyport, secretary; Ernest L. Anderson, Worcester; Winslow P. Burhoe, Boston; Enos H. Bigelow, M.D., Framingham; Francis Prescott, Grafton; Flora M. Cangiano, Hingham.

Superintendent: Harlan L. Paine, M.D.

Assistant Superintendent: H. L. Horsman, M. D.

Assistant Physicians: Mary Johnson, M.D.; H. Wilbur Smith, M.D.; James L. McAuslan, M.D.; Anna C. Wellington, M.D.; Jacob I. Abrams, M.D.; Robert C. Lavrakas, M. D.

Treasurer: Susie G. Warren.

Steward: John McRae.

Dentist: George O. Tessier, D.M.D.

Visiting days: Every day.

Visiting hours: 9:30 A.M. to 11:00 A.M.; 1:00 P.M. to 4:00 P.M.

Location: The hospital is situated on the main line of the Boston & Albany Railroad, between Worcester and Westborough, station North Grafton. It is about eight miles from Worcester, and can be reached by bus from there or from the Westborough or North Grafton stations of the Boston & Albany Railroad, or from the Lyman Street Crossing or the Boston & Worcester electric cars.

Correspondence relating to patients at the Grafton Hospital should be addressed to the Superintendent, Grafton State Hospital, North Grafton, Mass.

MEDFIELD STATE HOSPITAL (opened 1896): —

Post Office, Harding; railroad station, Medfield Junction (New York, New Haven & Hartford Railroad.)

Trustees: Walter Rapp, Brockton, chairman; Christian Lantz, Salem, secretary; Mrs. Carolyn B. Odell, Cambridge; Eugene M. Carman, Somerville; George O. Clark, M.D., Boston; Danforth Comins, Concord; Mrs. Louise Williams Taunton.

Regular meeting: Second Friday of each month.

Superintendent: Elisha H. Cohoon, M.D.

Assistant Superintendent: Samuel Smith Cottrell, M.D.

Assistant Physicians: George A. Troxell, M.D.; George E. Poor, M.D.; Clifford, D. Moore, M.D.; Vicente Navarro, M.D.; Grace T. Cragg, M.D.; Bernard S. Robbins, M.D.; Foster L. Vibber, M.D.

Dentist: Elton F. Faass, D.M.D.

Treasurer: Miss Josephine M. Baker.

Steward: Louis A. Hall.

Staff meetings: Every morning, except Sunday.

Location: Hospital Road, one mile from Medfield Junction Railroad Station.

MONSON STATE HOSPITAL (opened 1898):—

Post Office and railroad station, Palmer. (Boston & Albany).

Trustees: George A. Moore, M. D., Palmer, chairman; Mrs. Mary B. Townsley, Springfield; Warren H. Hamilton, Chicopee Falls; George D. Storrs, Ware; Mrs. Elizabeth Hormel, Roxbury; Henry K. Hyde, Ware, secretary.

Regular meetings: First Thursday of each month.

Superintendent: Morgan B. Hodskins, M.D.

Assistant Superintendent: Riley H. Guthrie, M.D.

Senior Assistant Physicians: Donald J. MacLean, M.D.; Samuel O. Miller, M.D.

Senior Assistant Physician (Pathology): Paul I. Yakovlev, M.D.

Assistant Physicians: Lucie G. Forrer, M.D.; Paul I. LaFlamme, M.D.

Treasurer: Sarah E. Spalding.

Steward: Charles F. Simonds.

Visiting days: Every day.

Staff meetings: Every day, except Sundays and holidays, at 8:30 A.M.

Location: One mile from railroad station.

NORTHAMPTON STATE HOSPITAL (opened 1858):—

Trustees: Laurence D. Chapin, M.D., Springfield; Albert M. Darling, Sunderland; George C. Lunt, Greenfield; Mrs. Emily N. Newton, secretary, Wellesley Hills; Miss Caroline A. Yale, Northampton; Walter L. Stevens, chairman, Northampton; Charles L. King, Chicopee Falls.

Regular meetings: First Thursday of each month.

Acting Superintendent: Dr. Edward W. Whitney.

Senior Physicians: Harriet W. Whitney, M.D.; Elizabeth Kundert, M.D.

Assistant Physicians: Elizabeth Thomas Hill, M.D.; Albert U. Bourcier, M.D.; Rhoda U. Musgrave, M.D.; Carl E. Meyer, M.D.

Dentist: Lucien H. Harris, D.D.S.

Treasurer: Eva L. Graves.

Steward: Frank W. Smith.

Visiting days: Tuesdays, Fridays and Saturdays, on which days members of the medical staff are in attendance to consult with visitors; but if impossible to come on those days, visitors may come on any day.

Location: Prince Street, Northampton, one and one-half miles from the railroad station, (Boston & Maine and New York, New Haven & Hartford railroads). Taxi-cab service from the station. Street car service from Springfield and Holyoke.

TAUNTON STATE HOSPITAL (opened 1854):—

Trustees: Arthur B. Reed, North Abington, chairman; Mrs. Elizabeth C. M. Gifford, Boston, secretary; Asa A. Mills, Fall River; Charles C. Cain, Jr., Taunton; Julius Berkowitz, New Bedford; Mrs. Mary B. Besse, Wareham; Samuel Stone, Attleboro.

Regular meeting: Second Thursday of each month.

Superintendent: Ralph M. Chambers, M.D.

Assistant Superintendent: Joseph E. Barrett, M.D.

Senior Assistant Physicians: H. Sinclair Tait, M.D.; Ronald B. McIntosh, M.D.

Assistant Physicians: Louisa E. Boutelle, M.D.; Henry Rapaport, M.D.; Frank O. King, M.D.; Wiggin L. Merrill, M.D.

Dentist: George A. Harris, D.M.D.

Treasurer: Yvonne B. Patenaude.

Steward: Frederick H. Bradford.

Visiting days: Every day.

Staff meetings: Daily, 8:15 A.M. and 1:00 P.M.

Location: Hodges Avenue, one mile from railroad station (New York, New Haven & Hartford).

MENTAL WARDS, STATE INFIRMARY (opened 1866):—

Post Office, Tewksbury; railroad station, Baldwin (Western Division, Boston & Maine), Tewksbury.

Trustees: Mrs. Nellie E. Talbot, Brookline, secretary; G. Forrest Martin, M.D., Lowell, chairman; Francis W. Anthony, M.D., Haverhill; Dennis D. Sullivan, Middleborough; Mrs. Mary E. Cogan, Stoneham; Walter F. Dearborn, M.D., Cambridge; Robert G. Stone, Brookline.

Regular meeting: Usually first Tuesday of month.

Superintendent: John H. Nichols, M.D.

Assistant Superintendent and Physician: George A. Pierce, M.D.

Assistant Physicians: Charles L. Trickey, M.D.; Edward J. O'Donoghue, M.D.; Charles J. Carden, M.D.; Samuel A. Dibbins, M.D.; Arthur K. Drake, M.D.; James F. Lawlor, M.D.; Peter W. Kaszett, M.D.; Ellsworth J. Dickson, M.D.; Nelly C. Hameister, M.D.; John R. B. Fletcher, M.D.; Jessie W. Robertson, M.D.

Dentist: Charles D. Broe, D.M.D.

Visiting days: Every day from 10:00 A.M. to 4:00 P.M.

Staff meetings: Daily at 8:00 A. M.

Location: About one-half mile from railroad and from electric cars. Automobile from Infirmary meets most of the trains.

WESTBOROUGH STATE HOSPITAL (opened 1886):—

Trustees: N. Emmons Paine, M.D., West Newton, chairman; Miss Flora L. Mason, Taunton, secretary; Sewall C. Brackett, Boston; Thomas F. Dolan, Newton; John A. Frye, Marlborough; J. Lowell Bacon, M.D., Southborough; Mrs. Emily Young O'Brien, Dedham.

Regular meetings: Second Thursday of each month.

Superintendent: Walter E. Lang, M.D.

Assistant Superintendent: Rollin V. Hadley, M.D.

Senior Physicians: William C. Gaebler, M.D.; Betsy Coffin, M.D.

Assistant Physicians: Emma H. Fay, M.D.; Fred E. Stokey, M.D.; George E. Peatick, M.D.; one vacancy.

Pathologist: Lydia B. Pierce, M.D.

Dentist: Anthony B. Grady, D.D.S.

Steward: P. I. Wiley.

Treasurer: Carrie G. Poor.

Visiting days: Every day.

Staff meetings: Daily.

Location: Two and one-quarter miles from Westborough Station (Boston & Albany); one mile from Talbot Station (New York, New Haven & Hartford R. R.).

WORCESTER STATE HOSPITAL (opened 1833):—

Trustees: Edward F. Fletcher, Worcester, chairman; William J. Delahanty, M.D., Worcester; John G. Perman, D.D.S., Worcester; Howard W. Cowee, Worcester; William J. Thayer, Worcester; Mrs. Anna C. Tatman, Worcester; Mrs. Frank Dresser, Worcester.

Regular meeting: Second Tuesday of each month.

Superintendent: William A. Bryan, M.D.

Assistant Superintendent: Francis H. Sleeper, M.D.

Clinical Director: S. Spafford Ackerly, M.D.

Assistant Physicians: Michael J. O'Meara, M.D.; Clifton T. Perkins, M.D.; Arthur T. Whitney, M.D.; Nathan Baratt, M.D.; Morris Yorshis, M.D.; Samuel W. Hartwell, M. D.; Ruth Thompson, M.D.

Pathologist: Vacant.

Dentist: Alfred J. Normandin.

Steward: Herbert W. Smith.

Treasurer: Jessie M. D. Hamilton.

Visiting days: Tuesdays, Saturdays, Sundays, 9-11 A.M., 1:30 to 4:30 P.M.

Staff meetings: Daily.

Location: Belmont Street, Worcester, one and a half miles from Union Station (Boston & Albany; New York, New Haven & Hartford; and Boston & Maine).

The Summer Street Department is located in the building formerly known as the Worcester State Asylum, on Summer Street, Worcester, about five minutes' walk from the Union Station (Boston & Albany; New York, New Haven & Hartford; and Boston & Maine).

Correspondence relating to patients should be addressed to the Superintendent, Worcester State Hospital, Worcester, Mass.

Correspondence intended for the Steward or Treasurer of the Hospital should be addressed to the Worcester State Hospital, Worcester, Mass.

STATE SCHOOLS FOR MENTAL DEFECTIVES.

BELCHERTOWN STATE SCHOOL (for feeble-minded; opened 1922):—

Post Office and railroad station, Belchertown, Mass. (Boston & Maine and Central Vermont Railroad).

Trustees: Theodore S. Bacon, M.D., Springfield; Miss Frances E. Cheney, Northampton; Mrs. Henry F. Nash, Greenfield; Mr. Frederick A. Farrar, Northampton; John I. Donna, Esq., Pittsfield; Edwin C. Gilbert, M.D., Indian Orchard; Mr. James L. Harrop, Worcester.

Regular meetings: Second Thursday of each month.

Superintendent: George E. McPherson, M.D.

Senior Physician: Karl V. Quinn, M.D.

Assistant Physicians: Ella J. Goodale, M.D.; Ray H. Shattuck, M.D.; Vacancy.

Dentist: Arthur E. Westwell, D.M.D.

Steward: C. Herbert Camp.

Treasurer: Dora B. Wesley.

Visiting days: Every day, 9:30 to 11:30 A.M., 1:30 to 4:30 P.M., and at other times by special permission.

Staff meetings: Daily at 9 A.M.

Location: One-quarter mile from railroad station, on the state road to Holyoke, and one-half mile from the center of the town.

WALTER E. FERNALD STATE SCHOOL AT WALTHAM (opened 1848):—

Post Office and railroad station, Waverley, (Boston and Maine).

Trustees appointed by the Governor: Francis J. Barnes, M.D., president, Cambridge; Prof. Thomas N. Carver, Cambridge; Theodore Chamberlin, M.D., Concord; Rev. Russell H. Stafford, Brookline; Mrs. Helen C. Taylor, Newton; Moses H. Gulesian, Chestnut Hill.

Trustees appointed by the Corporation: Stephen Bowen, Boston, treasurer; Charles Francis Adams, Concord, vice-president; Charles E. Ware, Fitchburg, secretary; Roger S. Warner, Boston; Francis H. Dewey, Worcester; Paul R. Withington, M.D., Milton.

Quarterly meeting: Second Thursday of October, January, April, and July.

Annual meeting, Second Thursday in December.

Superintendent: Ransom A. Greene, M.D.

Assistant Superintendent: Vacant.

Senior Physicians: Anna M. Wallace, M.D.; Edith E. Woodill, M.D.; L. Maude Warren, M.D.; Esther S. B. Woodward, M.D.; Charles S. Woodall, M.D.

Assistant Physician: Mary T. Muldoon, M.D.

Treasurer: Emily E. Guild.

Steward: John F. Donnell.

Visiting days: For the parents or friends of the patients, Wednesday, Thursday and Saturday afternoons, and the first Sunday of each month.

Staff meetings: Daily at 9 A.M.

Location: About one mile from Waverley station (Fitchburg Division and Southern Division, Boston & Maine), or Boston Elevated from Harvard Square.

WRENTHAM STATE SCHOOL (opened 1907): —

Post Office and railroad station, Wrentham.

Trustees: Albert L. Harwood, Newton, chairman; Herbert C. Parsons, Brookline, secretary; George W. Gay, M.D., Newton; Mrs. Mary Stewart Scott, Brookline; Miss Katherine D. Hardwick, Quincy; John H. Ratigan, Boston; Judge Philip Rubenstein, Cambridge.

Regular meetings: Second Thursday of every month.

Superintendent: George L. Wallace, M.D.

Senior Physicians: Mildred A. Libby, M.D.; Alice M. Patterson, M.D.; Raymond A. Kinmonth, M.D.

Assistant Physicians: Genevieve Gustin, M.D.; Wilfred J. Cochrane, M.D.

Dentist: John A. Nash, D.M.D.

Steward: Perry E. Curtis.

Treasurer: Elizabeth Oldham.

Visiting days: Every day.

Location: Emerald Street, Wrentham, one mile from railroad station (New York, New Haven & Hartford railroad). One-half mile from Winter Street Stop, Boston and Providence bus line).

PRIVATE INSTITUTIONS.

FOR THE CARE OF MENTAL AND NERVOUS DISEASES.

BOURNEWOOD, George H. Torney, M.D., 300 South Street, Brookline. Railroad station, Bellevue (Dedham Division, New York, New Haven & Hartford), one mile distant. Easily reached by motor. Telephone Parkway 0300.

CHANNING SANITARIUM, Donald Gregg, M.D., Wellesley Avenue, Wellesley.

THE REEVES SANITARIUM, Fred B. Jewitt, M.D., 283 Vinton Street, Melrose Highlands.

GLENSIDE, Mabel D. Ordway, M.D., 6 Parley Vale, Jamaica Plain.

HERBERT HALL HOSPITAL, Walter C. Haviland, M.D., 223 Salisbury Street, Worcester. Salisbury Street electric car from City Hall Square.

KNOLLWOOD, Earl E. Bessey, M.D., 1690 Beacon Street, corner Beacon Street and Waban Avenue, Waban (Boston & Albany).

McLEAN HOSPITAL, for Nervous and Mental Patients (opened 1818): —

Department of the Massachusetts General Hospital Corporation.

Post Office and railroad station, Waverley (Boston & Maine R.R.).

Honorary President: Henry P. Walcott, M.D., Cambridge.

President: George Wigglesworth, Esq., Boston.

Vice-President: Henry S. Hunnewell, Boston.

Treasurer: Phillips Ketchum, Esq., Boston.

Secretary: Reginald Gray, Esq., Boston.

Trustees appointed by the Governor: Joseph H. O'Neil, Boston; Mrs. Nathaniel Thayer, Boston; Thomas B. Gannett, Boston; Edwin S. Webster, Boston.

Trustees appointed by the Corporation: William Endicott, Boston, chairman; Nathaniel T. Kidder, Boston; John R. Macomber, Boston; Sewall H. Fessenden, Boston; Robert Homans, Esq., Boston; Algernon Coolidge, M.D., Boston; Henry K. Sherrill, Boston; Phillips Ketchum, Esq., Boston.

Regular meetings: Usually at the office of the Treasurer, 1 Federal Street, Boston, on Fridays at intervals of two weeks, beginning sixteen days after the first Wednesday in February.

Superintendent Emeritus: Frederic H. Packard, M.D.

Medical Superintendent: Kenneth J. Tillotson, M.D.

Senior Physicians: Sidney M. Bunker, M.D., in charge of Women's Depart-

ment; Wilfred T. MacNicoll, M.D., in charge of Men's Department (Acting)
 Third Assistant Physician: Ronald H. Kettle, M.D.
 Clinical Assistant and Pathologist: Ray L. Whitney, M.D.
 Bio-chemist and Director of Laboratories: John C. Whitehorn, M.D.
 Psychologist: George E. Gardner, Ph.D.
 Assistant Physician and Psychoanalyst: Ives Hendrick, M.D.
 Assistant Physicians: Walter A. Thompson, M.D.; Lionel M. Ives, M.D.
 Consultant in Physiology: Walter B. Cannon, M.D.
 Consultant in Bio-Chemistry: Otto Folin, Ph.D.
 Surgical Consultant: William Jason Mixter, M.D.
 Consultant Internist: William David Smith, M.D.
 Visiting Internist: Wyman Richardson, M.D.
 Staff meetings: regularly on Tuesdays and Fridays, at 8:30 A.M.; irregularly on other days at the same hour.
 Staff seminars: regularly on Wednesday evenings at 7:00 o'clock.
 Location: Pleasant Street, one-third mile from railroad station.

PRIVATE HOSPITAL FOR MENTAL DISEASES, Edward Mellus, M.D., 419 Waverley Avenue, Newton. Carriage. Or Commonwealth Avenue car to Grant Avenue.

RING SANATORIUM AND HOSPITAL, INC., Arthur H. Ring, M.D., Arlington Heights. Carriage.

U. S. VETERANS' HOSPITAL No. 95, Northampton, Mass. (for beneficiaries of the U. S. Veterans' Bureau, suffering from nervous or mental disease; opened May 12, 1924):—

Under control of the U. S. Veterans' Bureau.

Director: General Frank T. Hines.

Medical Director: Winthrop Adams, M.D.

Medical Officer in Charge: Appleton Howe Pierce, M.D.

Assistant Medical Officer in Charge and Clinical Director: William J. Vivian, M.D.

Ward Surgeons: Darley G. Plumb, M.D.; Philip A. Shinn, M.D.; Morris Zellin, M.D.; Fred E. Steele, Jr., M.D.; James E. Keirans, M.D.; Edward S. Jones, M.D.; George R. Gates, M.D.

Chief Clinical Laboratory: Philip A. Shinn, M.D.

Chief Dental Service: Paul O. Fallon, M.D.

Reconstruction Officer: Fred E. Steele, Jr., M.D.

Consultant in Psychoneurosis and Neurology: George Clymer, M.D.

Consultant in Syphilology and Psychiatry: Harry C. Solomon, M.D.

Consultant in Ear, Nose and Throat: Joseph D. Collins, M.D.

Consultant in Ophthalmology: Frank E. Dow, M.D.

Consultant in Surgery: Edward W. Brown, M.D.

Consultant in Roentgenology: Richard T. Powers, M.D.

Staff meetings: Daily, with the exception of Saturdays and Sundays. Time of meeting: 11 A.M.

Location: North Main Street, Florence, Massachusetts. One mile beyond the village of Florence, on the Berkshire Trail. Trolley connection from Northampton.

U. S. VETERANS' HOSPITAL No 107, Bedford, Mass. (for beneficiaries of the U. S. Veterans' Bureau, suffering from nervous or mental diseases; opened July 17, 1928).

Under control of U. S. Veterans' Bureau.

Director: General Frank T. Hines, Washington, D. C.

Medical Director: Winthrop Adams, M.D., Washington, D.C.

Medical Officer in Charge: William M. Dobson, M.D.

Clinical Director: Walter P. Burrier, M.D.

Ward Surgeons: John H. Thompson, M.D.; Arthur R. Woods, M.D.; William T. Merrill, M.D.; Julius A. Kaplan, M.D.

Chief Clinical Laboratory: David L. Williams, M.D.
 Chief Dental Service: Bertram H. Sawyer, (Dental Surgeon)
 Consultant in Psychoneurosis and Neurology: George Clymer, M.D.
 Consultant in Syphilology and Psychiatry: Harry C. Solomon, M.D.
 Consultant in Tuberculosis: Ernest D. Hatch, M.D.
 Consultant in Ear, Nose and Throat: James C. Kirby, M.D.
 Consultant in Eye Work: Paul Chandler, M.D.
 Consultant in Surgery: Henry C. Marble, M.D.
 Consultant in Roentgenology: John W. Meachen, M.D.
 Consultant in Internal Medicine: G. Philip Grabfield, M.D.
 Staff meetings: Daily with the exception of Saturdays and Sundays. Time of meeting: 11:00 A. M.
 Location: Springs Road, Bedford, Mass. One mile in from State Highway.
 Bus connection from Arlington Heights, Mass.

WESTWOOD LODGE, William J. Hammond, M.D., Westwood.

WISWALL SANITARIUM, Harry O. Spaulding, M.D., 203 Grove Street, Wellesley.
 Also at Cartwright Road, Needham.

FOR THE CARE OF PERSONS ADDICTED TO THE INTEMPERATE USE OF NARCOTICS
 OR STIMULANTS.

PRIVATE HOSPITAL, Frederick L. Taylor, M.D., 45 Center Street, Roxbury.

WASHINGTONIAN HOME, Hugh Barr Gray, M.D., 41 Waltham Street, Boston.

FOR THE CARE OF MENTAL DEFECTIVES.

CLARKE SCHOOL, Miss Edith Clark, 16 Summit Street, Newton.

ELM HILL PRIVATE SCHOOL AND HOME FOR THE FEEBLE-MINDED, George A. Brown, M.D., G. Percy Brown, M.D., Barre (Central Massachusetts Branch, Boston & Maine).

FREER SCHOOL, for girls only, Miss Cora E. Morse, 31 Park Circle, Arlington Heights.

GLENN SCHOOL, Mrs. Bernice G. McPhee, 15 Glen Road, Wellesley Farms, Mass

THE HOSPITAL COTTAGES FOR CHILDREN, Baldwinsville (incorporated and opened 1882):—

President: U. Waldo Cutler, Worcester; Clerk: Robert B. Greenwood, Winchendon.

Trustees appointed by the Governor: H. S. Morley, Baldwinsville; George B. Dewson, Milton; Arthur H. Lowe, Fitchburg; J. K. Dexter, Springfield; Miss Edith H. Sears, Boston.

rustees appointed by the Corporation: Frederick A. Turner, Jr., Boston; Mrs. Arthur R. Smith, Leicester; G. W. Mackintire, Worcester; Dr. H. W. Page, Worcester; Dr. John G. Henry, Winchendon; Mrs. J. M. Lasell, Whitinsville; Mrs. Philip Weston, Pittsfield; Mrs. Paul M. Hubbard, Boston; Mrs. Edward W. Hutchins, Boston; William Woodward, Worcester; Edward F. Mann, Worcester; Rev. Francis W. Gibbs, Fitchburg; Mrs. Herbert C. Fisher, Worcester; Donald W. Campbell, Worcester; U. Waldo Cutler, Worcester; Robert B. Greenwood, Winchendon.

Quarterly meeting: Third Wednesday of January, April, July and October.

Superintendent: Harold C. Arey, M.D.

Psychologist and Assistant Physicians: Jennie M. Arey, M.D.; Alice A. S. Whittier, M.D.

Treasurer: Edgar L. Ramsdell, Worcester.

Visiting days: Every day except Sundays.

Location: Hospital Street, one mile from railroad station (Ware River Branch, Boston & Albany, and Boston & Maine).

PERKINS SCHOOL OF ADJUSTMENT, THE, Franklin H. Perkins, M.D., Lancaster.

STANDISH MANOR, Miss Alice M. Myers, Halifax.

FOR THE CARE OF EPILEPTICS.

WOODLAWN SANITARIUM, Dr. Ewan A. Robertson, 500 Crafts Street, West Newton.

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